TRAVEL/ CUSTOMS CLEARANCE CERTIFICATE

Certification to carry

prefilled syringe/pen in the airplane cabin

Biogen-35800 01/2022

CARDHOLDER INFORMATION

(Keep the prescription label with your full name on the outer box, as provided at the pharmacy)

Name

Nationality

Social security number

PRESCRIBING DOCTOR

H	lospital/clinic
D	Doctor
С	Contact information
_	Date / Signature
	• This cardholder has a chronic inflammatory disease and has to take injections on a regular basis. For this reason the
	This cardholder has a chronic inflammatory disease and
	 This cardholder has a chronic inflammatory disease and has to take injections on a regular basis. For this reason the cardholder carries prefilled syringes or pens. The medication should not freeze or be stored at temperature
	 This cardholder has a chronic inflammatory disease and has to take injections on a regular basis. For this reason the cardholder carries prefilled syringes or pens. The medication should not freeze or be stored at temperatur above 25°C. The medication should be kept in the original box to protect

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Date/Signature