

### Doctor's certificate

Mrs/ Miss/ Mr \_\_\_\_\_  
 born on \_\_\_\_/ \_\_\_\_/ \_\_\_\_ is suffering from diabetes mellitus and  
 should receive or take daily (number : ) \_\_\_\_\_ injection(s)  
 of the insulin(s) (brand : ) \_\_\_\_\_  
 or take daily (number : ) \_\_\_\_\_ tablet(s)  
 of (brand : ) \_\_\_\_\_  
 Attending physician, \_\_\_\_\_  
 Place \_\_\_\_\_ date \_\_\_\_\_

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 Place \_\_\_\_\_ date \_\_\_\_\_

### Attestation médicale

Mme/Mlle/M \_\_\_\_\_  
 né(e) le \_\_\_\_/ \_\_\_\_/ \_\_\_\_ souffre de diabète sucré et doit recevoir  
 chaque jour (nombre : ) \_\_\_\_\_ injection(s)  
 d'insuline(s) de (marque : ) \_\_\_\_\_  
 ou prendre chaque jour (nombre : ) \_\_\_\_\_ comprimé(s)  
 de (marque : ) \_\_\_\_\_  
 Le médecin traitant, \_\_\_\_\_  
 Lieu \_\_\_\_\_ Date \_\_\_\_\_



unis pour le diabète



### I'm a diabetic...



If I am behaving abnormally please give me 3 lumps of sugar, or a sugared drink immediately. If I do not want to or cannot swallow, or if recovery does not take place after 15 minutes, or if I am unconscious, bring me to a hospital at once.

Hospital \_\_\_\_\_  
 Place \_\_\_\_\_  
 \_\_\_\_\_  
 Attending physician \_\_\_\_\_ Tel \_\_\_\_\_

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Hospital \_\_\_\_\_  
 Place \_\_\_\_\_  
 \_\_\_\_\_  
 Attending physician \_\_\_\_\_ Tel \_\_\_\_\_

### Je suis diabétique...



En cas de comportement anormal, veuillez me donner d'urgence 3 morceaux de sucre ou 1 verre d'une boisson sucrée. Si je refuse ou semble incapable d'avaler, ou si mon état ne s'améliore pas après 15 minutes, ou en cas de perte de conscience, il est urgent de me faire hospitaliser.

Hôpital \_\_\_\_\_  
 Lieu \_\_\_\_\_  
 \_\_\_\_\_  
 Le médecin traitant \_\_\_\_\_ Téléphone \_\_\_\_\_