

## Request to Officials During the Aircraft Security Inspection

Mr/Mrs/Ms. \_\_\_\_\_  
(name of patient)

is a patient who has Hemophilia ( A or B ),  
von Willebrand disease, other

(\_\_\_\_\_ (name of disease))

The patient always carries the coagulation factor concentrates (\_\_\_\_\_ (name of preparation(s))), syringes, needles etc., with him/her. He/she personally needs to use these items to self-infuse the preparation in case of any bleeding. Please allow this patient to bring these items into the aircraft as a carry-on hand luggage. Situations may arise when the patient must self-infuse the preparation during the flight. Your special consideration in this regard would be very much appreciated.

Date: \_\_\_\_\_ Year/ \_\_\_\_\_ Month/ \_\_\_\_\_ Day

Name of the attending physician :  
\_\_\_\_\_

Signature of attending physician :  
\_\_\_\_\_

Name of affiliated institution :  
\_\_\_\_\_

(Block letter)

※海外旅行先などで航空保安検査時に必要な文書は、  
本ページを参考に各医療施設で作成してください。