

**NOTES**

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**SPECIAL CARE REQUIRED**

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**ALLERGIES**

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**IRRIGATION**

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**DIET**

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**COMPLICATIONS**

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**POUCHING SYSTEM**

.....

**OTHERS**

.....

**WORLD COUNCIL OF ENTEROSTOMAL  
THERAPISTS**



**NAME**

.....

**ADDRESS**

.....

.....

**TELEPHONE**

.....

**DIAGNOSIS**

.....

**OPERATION**

.....

**OPERATION DATE**

.....

**TYPE OF STOMA**

.....

**OTHER ILLNESSES**

.....

.....

**MEDICATIONS**

.....

.....

**SURGEON**

.....

**STOMATHERAPIST**

.....

**HOSPITAL-CLINIC, ADDRESS, PHONE NUMBER**

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To whom it may concern,

The person named on this certificate has had a surgical operation which makes it necessary for him/her to wear, at all times, a pouch attached to the abdomen to collect excretion from the bowel or bladder.

If it is necessary to examine this pouch, a nurse/health professional should be present because any interference may cause leakage, great discomfort and embarrassment to this person.

The pouch may be supported by a belt; if so, this may have metal parts which register on a metal detector.

The owner of this certificate may also be carrying supplies of spare pouches, scissors, surgical dressings, etc., in addition to his/her main luggage.

It is essential that these supplies remain intact and are not mislaid.

**VISIT US:** [WWW.WCETN.ORG](http://WWW.WCETN.ORG)

**A NON PROFIT ORGANIZATION FOR HELPS HEALTHCARE AND PATIENTS WITH WOUND, STOMA AND CONTINENCE NEEDS.**