Date: [Date]

To: Cruise Line Medical Department / Port Authorities

Subject: Medical Clearance for Travel - [Patient Full Name]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Booking/Reservation Number: [Booking Number]

To Whom It May Concern,

I am the treating physician for [Patient Name], who has been diagnosed with [Type 1 / Type 2] Diabetes Mellitus. I am writing to confirm that the patient is medically cleared to travel on the upcoming cruise departing on [Departure Date].

Current Management:
The patient's condition is currently stable. Their treatment regimen includes:

- [List Medications/Insulin Types]
- Blood Glucose Monitoring: [Manual Strips / Continuous Glucose Monitor (CGM)]
- Insulin Delivery: [Vials and Syringes / Insulin Pen / Insulin Pump]

Medical Necessity for Supplies:
The patient must be permitted to carry all necessary medical supplies in their hand luggage, including but not limited to:

- Insulin and injectable medications.
- Syringes and/or pen needles.
- Lancets and blood glucose meters.
- Insulin pump supplies and sensors.
- Fast-acting glucose (gels, tablets, or juice) for hypoglycemia treatment.

Special Requirements:
The patient requires a sharps container in their cabin for the safe disposal of needles. [Optional: The patient requires a small in-room refrigerator for insulin storage.]

In my professional opinion, the patient is fit for travel and does not require any specialized medical care beyond standard accessibility and the ability to manage their condition independently.

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information]