

Date: [Date]

To: Airline Personnel and Security Officials

Subject: Medical Necessity for Cabin Carry-On Medication Cooler

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am the prescribing physician for [Patient Name]. This patient has been diagnosed with a medical condition that requires the use of temperature-sensitive prescription medications.

The patient must carry their medication in a portable cooler as part of their carry-on luggage. This medication is vital for the patient's health and must remain within a specific temperature range at all times. It cannot be placed in checked baggage due to the risk of extreme temperature fluctuations or loss.

The cooler contains the following:

- Prescription medication in its original packaging.
- Cooling agents (e.g., gel packs or ice packs) necessary to maintain the cold chain.

Please allow [Patient Name] to board with this medical cooler as an essential medical item. If you require further verification, please contact my office at the number listed below.

Sincerely,

Physician Signature: _____

Physician Name: [Doctor's Full Name]

Medical License #: [License Number]

Clinic/Hospital: [Name of Institution]

Phone Number: [Phone Number]

Email: [Email Address]