To whom it may concern

[date]

**MEDICAL CERTIFICATE**

**Mr./Ms. First name other names LAST NAME, born xx.yy.zzzz, address, Switzerland**

This is to certify that Mr./Ms. Xy suffers from epilepsy and that the antiepileptic medication in his/her luggage is ***strictly for personal use***.

The medication is neither intended nor allowed to be sold to any other person or sold on the open market.

The medication includes:

* zz boxes of [product name] ®, (active ingredient), tablets of xxx mg, xx per box
* …..

For any other information, please do not hesitate to contact me.

Sincerely

[name and title of the doctor, signature]