

**Airport Security:** This individual has multiple sclerosis, a neurological condition. **Please provide a private screening.**

Name \_\_\_\_\_

Contact/Phone \_\_\_\_\_

Assistance Needed \_\_\_\_\_

Physician Signature \_\_\_\_\_

This card can help travel personnel understand your requests and contact your medical provider with questions.



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MULTIPLE SCLEROSIS CENTERS

Medical Provider

Contact Name \_\_\_\_\_

Office Phone \_\_\_\_\_

24-hour Phone/Pager \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_



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