

Medical opinion on health status of a child to attend a recreation facility
(public notice 106/2001 Sb attachment #3)

Name and surname of the child
Date of birth
Address

Part A)

I report that the child to attend a recreation facility

- a) is in adequate health condition
- b) is not in adequate health condition
- c) is in adequate health condition under restrictions

This medical opinion is valid 12 months from the date of issuance, unless health condition is changed in connection with a disease or injury.

Part B)

I report that the child

- a) has been subject to mandatory vaccination YES – NO
- b) is immune to infection (type/kind)
- c) is permanently contraindicated to vaccination (type/kind)
- d) is allergic to
- e) is permanently taking medicaments (type/kind, dosage)

Date of issuance

Signature of medical expert

Medical facility

Name and surname of entitled person

Relationship to the child

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Date of this statement reception by an entitled person

Entitled person signature