



PEDIATRICIAN'S CONFIRMATION

PEDIATRICIAN'S CONFIRMATION OF THE CHILD'S MEDICAL FITNESS

Full name of child
Date of birth
Address
1. CHILD'S MEDICAL FITNESS
Confirmation that the child
☐ is medically fit
☐ is not medically fit
☐ is medically fit with a condition (with a restriction)
Has undergone the mandated regular vaccinations ☐ Yes ☐ No
Comments

2. ALLERGIES			
Is allergic to			
CURRENT MEDICATION LIST			
Medication	Dose	Frequency	
Date of issue			
Name of pediatrician			
Signature of pediatrician			
(please include the stamp below)			

...... SCHOOL YEAR | Pediatrician's Confirmation

BASIS Beginners Prague