

***HEALTH CERTIFICATE for KOMP KAMP**

Note: This form for health certificate was made by the Ministry of Education

Print this form and take it to your doctor. A child shall not be accepted to the camp without the form that is filled and validated by a doctor. When bringing a child to the camp, parent must submit the form and the health insurance card.

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 Name of health facility

 Medical record number of child

**HEALTH CERTIFICATE
 1 – FILLED BY PARENT**

First and last name of child
 Name of father/mother
 Address.....Phone/Mob.Phone.....
 School -

- State if your child suffers diabetes, epilepsy, moon walking, hemophilia, Astma, heart disease, addiction disease (mark)
- List the therapy your child is taking (Medicine name and dose)

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Date: Parent signature

2 – FILLED BY YOUR DOCTOR	3 – FILLED BY DOCTOR AT CAMP LOCATION
<p>CHECKUP BEFORE DEPARTURE</p> <p>Acute disease on day of review </p> <p>Allergies to drugs/food </p> <p>Date of vaccination against Tetanus </p> <p>Chronic uncontacted diseases of greater sociomedical significance¹ – therapy (Name of medicine - dose): </p> <p>The child is healthy and able for camping </p> <p>Date: Doctor: </p>	<p>CHECKUP DURING STAY AT CAMP</p> <p>History </p> <p>Status </p> <p>Diagnose of the injury/illness </p> <p>Applied therapy </p> <p>Addressed to the medical facility (name of facility, date and hour) </p> <p>Returned to home/camp (date and hour) </p> <p>Date: Doctor: </p>

¹ Such as: diabetes, epilepsy, moon walking, hemophilia, asthma, heart disease, addiction disease