**Certificate of medical fitness to attend recreational events**

(Eg. Ski trip, swimming lessons, sports activities, out of school activities)

**1. Identification data**

Name of healthcare providers issuing report

Address

IČO (ID number)

Name of child

Surname

Date of birth

**2. Final review**

A) Assessing the child to participate in sports events

1. Child is medically fit \*)

2. Child is not medically fit \*)

3. child medically fit with restrictions \*) \*\*):

B) Reviewed child

1. Complied all regular vaccination

2. Child is immune against infection (type/kind)

3. Child has permanent contraindication to vaccination

4. Child is allergic to

5. Uses long-term medication (type/kind, dose)

*\*) delete if not applicable*

*\*\*) please fill in limiting conditions to participate in out of school or sporting events*

**3. Authorised person**

Name and surname of authorised person

Relationship to the examined child

Date report received

Signature of authorised person

Date of issuing report

Doctor´s name and surname

Stamp of medical service provider