



name and surname: .....

social security number: .....

The child does not have symptoms and signs related to transmissible diseases ongoing/had no contacts with people with communicable diseases being contagious such as to prevent the possibility of preclusion of the admission to the summer camp.

General physical examination:

Pathologies and/or therapies ongoing (specify medications and dosage):

Ectoparasites:

## medical history



chicken pox:  yes  no

measles:  yes  no

mumps:  yes  no

rubella:  yes  no

hepatitis:  yes  no

car sickness:  yes  no

bronchial asthma:  yes  no

nocturnal enuresis:  yes  no

celiac disease:  yes  no

Other: .....

.....

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blood type: .....

Allergies (specify type): .....

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.....

.....

.....

Any medications in use must be delivered with the prescription to the doctor on the arrival day.

# attachments

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Attach to this form:

- vaccination record
- social security number
- written authorization signed by the parent for any hospital treatment

# medical notes



date:

.....

doctor's stamp and sign: