



Medical Fitness Assessment of the Child

for participation in a recreational event / nature school

Full name: _____

Date of birth: _____

Address: _____

Part A) The child being assessed for participation in the recreational event

- a) is medically fit *)
- b) is not medically fit *)
- c) is medically fit with conditions (limitations):
- d) *) _____

This assessment is valid for 2 years from the date of issue, unless there is a change in medical fitness due to illness during that time.

Part B) Confirmation that the child

- a) has undergone the required routine vaccinations YES – NO
- b) is immune to [type]: _____
- c) has a permanent contraindication to vaccination [type]: _____
- d) is allergic to: _____
- e) regularly takes medication [type, dosage]: _____

Date of release of the report:

doctor's signature and stamp:

Notice: In accordance with Section 46, Paragraph 1 of Act No. 373/2011 Coll., on specific health services, as amended, an appeal may be filed against item 3 of Part A of this assessment within 10 working days from the date of demonstrable delivery by the healthcare provider who issued the assessment. An appeal does not have suspensive effect if the conclusion of the assessment states that the assessed person is unfit or conditionally fit for the intended purpose.

Full name: _____

Relationship to the child: _____

The legal guardian received the assessment on [date]: _____

Signature of the legal guardian: _____

*) Strike through where not applicable.

*This document can be reused for various recreational events.
Don't forget to collect it from the camp medic after the event ends.*

