

TREKKING HELLAS KIDS & TEEN CAMP MEDICAL FORM

To be filled out by a certified pediatrician in collaboration with the child's legal guardians

The undersigned Doctor [Name of doctor]

Doctor's Emergency Phone:

Today, I fully examined [Name of Child]

and responsibly certify that the above-mentioned child:

- Does not suffer from a contagious disease or skin infection
- Is fully vaccinated according to the foreseen National Immunization Program
- Has received a recent Tetanus vaccine - State the date of last shot /... /...
- Does not bear lice
- Is in good health and can fully participate in the outdoor activities of the camp

Date

Doctor's Signature Stamp