

SUMMER 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 disease**
- **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