



STATEMENT OF CHILD'S HEALTH FITNESS TO PARTICIPATE IN RECOVERY ACTIVITIES AND OUTDOOR SCHOOLS TO BE COMPLETED BY A DOCTOR

Name, surname of the child being
assessed:.....

Date of birth:..... Part B) Confirmation that the child a) has undergone the prescribed regular vaccinations YES -
NO b) is immune to the infection (type/species)

..... A motion for review of a medical report shall not have a suspensive effect if its conclusion shows that the
person being assessed is unfit for the purpose for which he or she was assessed or fit with conditions.

Name and surname of the authorised person Relationship to the
child

The authorised person received the report on signature of the authorised person