

Paediatrician's or general practitioner's confirmation

I hereby confirm that the **school medical examination** of

Child's surname and first name

Surname.....

First name

Date of birth.....

Class

School building.....

Parents'/legal guardians' surnames and first names

Surname.....

First name

Address

Surname.....

First name

Address

- has been undertaken by me
- will be undertaken by me on (date).....

Place and date

.....

Doctor's stamp and signature