MEDICAL CERTIFICATE
– ZDRAVSTVENI LIST

DOCTOR'S NAME – IME I PREZIME DOKTORA:
CAMPER'S NAME – IME I PREZIME KAMPERA:
CAMPER'S FATHER NAME – IME OCA KAMPERA:
CAMPER'S BIRTH DATE – DATUM ROĐENJA KAMPERA:

"I hereby confirm that .....[the camper's name], does not suffer from any contagious or mental disease, any infections, allergies, injuries, defects or disorders (fever, cough, asthma, sore throat, panic attack, fainting, sleep disturbance, myalgia, anosmia) that may expose himself / herself to a potential risk of illness or even harm the health of other campers. I therefore give my permission to participate in the camp activities".

"Potvrđujem da _____ (ime kampera) ne pati od neke zarazne ili mentalne bolesti, infekcije, alergije, povrede, poremećaja (temperature, kašalj, astma, upala grla, napadi panike, nesvestice, poremećaja spavanja, miajlgije, anosmie) koje bi mogle njega/nju izložiti potencijalnom riziku od bolesti ili nauditi zdravstvenom stanju drugih kampera. Sa tim u vezi dajem svoju dozvolu kamperu da učestvuje u kamperskim aktivnostima".

The present is issued for the entrance to the summer camp 'Alexandra'.
Dokument se izdaje za ulazak u letnji Kamp Alexandra.

Doctor's signature and stamp
Doktorov potpis I pečat