



DOUKAS SUMMER CAMP MEDICAL CERTIFICATE

To be completed by a physician

Date of Examination		Date of Birth	
Child's Full Name		Blood Type	
Father's Name		Programme	<input type="checkbox"/> Doukas Summer Camp

INDIVIDUAL HEALTH RECORD

(to be completed by the physician)

MEDICAL HISTORY
OBSERVATIONS

Chronic Illnesses	
Infectious Diseases	
Allergies / Medication	
Surgical Procedures	
Symptoms After Exercise (fainting, chest pain, unusual fatigue)	
Cardiovascular Findings (blood pressure, femoral pulses, murmurs)	
Other Findings	

<p>Physician's Certification</p> <p>It is hereby certified that the above-named child is fit to participate in all summer and sports activities of Doukas Summer Camp, including swimming, climbing, basketball, tennis, athletics and similar activities.</p> <p>Fit for participation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Date: ____ / ____ / 20____

Physician's Signature and Stamp

This certificate should be submitted according to the Doukas Summer Camp participation requirements.