



**Matija Gubec Primary School**  
**Croatian School in the English Language**  
Davorina Bazjanca 2  
Zagreb, Croatia  
[www.os-mgubec.hr](http://www.os-mgubec.hr)

## MEDICAL CERTIFICATE

Completed by **physician** prior to admission to Matija Gubec Primary School or every two years.

Child's name	
Date of birth	
Medical insurance company	
<b>Child's general health condition:</b> (Please describe in short.)	
<b>Is the child able to participate in regular school activities, including sports?</b> YES NO	
If <b>no</b> , please <b>specify</b> :	
Height	
Weight	
Blood pressure	
Eye vision test	
Hearing test	
Allergies	
Medication	
Recent illnesses	
<b>The child is vaccinated regularly.</b> YES NO (Please circle.)	
If <b>not</b> , please list the <b>missing vaccinations</b> .	

Doctor's name: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp