|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| https://lh3.googleusercontent.com/PSpRlIGnyuHygEkjDacnyPoIwkAIpi7aP5Rhlu-joPJCx6a_x3e0zZtXITN25X0wjnaq=s170   |  | | --- | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | | **POTVRZENÍ LÉKAŘE** | | | | | | | | | | | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| Jméno a příjmení dítěte ……………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| datum narození ……………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| trvale bytem …………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| zákonný zástupce dítěte ………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| Stvrzuji, že výše jmenované dítě : | | | | | | | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| a) se podrobilo stanovenému pravidelnému očkování dle očkovacího kalendáře | | | | | | | | | | | | | | | | | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| b) je proti nákaze imunní | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| c) se nemůže očkování podrobit pro trvalou kontraindikaci | | | | | | | | | | | | | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| Toto potvrzení se vydává zákonnému zástupci na základě § 50 zákona č. 258/2000 Sb., o ochraně  veřejného zdraví a o změně některých souvisejících zákonů, v platném znění, v souvislosti  s podáním žádosti k přijetí dítěte do dětské skupiny. | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
| V……………………………. Dne……………………………. | | | | | | | | | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | | ………………………………………………………………………… | | | | | | | | | |  |
|  | |  | |  | |  | |  | |  | | podpis a razítko dětského lékaře | | | | | | | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |