**Zdravotný záznam žiaka**

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| Meno a priezvisko žiaka: .............................................................................................................Narodený: .............................. bytom: .........................................................................................Číslo zdrav. poisťovne: ................................................................................................................Tel. kontakt na zákonného zástupcu žiaka: .......................................................................................................................................................Zdravotný stav: ............................................................................................................................Užíva tieto lieky: .....................................................................................................................................................................................................................................................................................................................................................................................................................................................................V poslednom období bol očkovaný: ...................................................................................................................................................................................................................................................Žiak je alergický (hmyz, rastliny, lieky, potraviny a pod.): ..............................................................................................................................................................................................................Nosí strojček (ako, kedy): ...................................................................................................................................................................................................................................................................Oznamy pre ošetrujúceho lekára (náchylnosť na angínu, zápal priedušiek, laryngitídu, bolesti žalúdka, hlavy, ťažkosti srdcovej činnosti, nočné chodenie na WC a pod.): ..........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................V ............................. (dátum) ........................ Podpisy rodičov: .................................................... |