



**PARTICIPANT'S HEALTH DECLARATION  
INTRODUCTORY CAMP**

Name and surname of the participant:

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I hereby declare that the attending physician did not order me to change my regimen, I do not show signs of an acute illness (diarrhoea, raised temperature etc.) and neither the district hygienist nor the attending physician ordered quarantine measures towards me. I am also not aware that I have come into contact with persons who have contracted a transmissible disease in the last 2 weeks.

Name and telephone contact of the attending physician:

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Health insurance company of the participant:

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The participant self-administers the following medications (incl. dosage):

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The participant suffers from the following allergies (incl. caused reactions) and treats them as follows:

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Other diseases or comments:

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Close person contact: .....

In ..... on .....

.....  
Signature of the participant

.....  
Signature of the legal representative (minor participant)