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**Allegato 3**

**SCHEDA SANITARIA PER MINORI**

**SANITARY CARD FOR MINORS**

|  |  |
| --- | --- |
|  |  |
| Cognome - surname | Nome – first name |
|  |  |
| Luogo e data di nascita – place and date to birth | Nazionalità - nationality |
|  |
| Residenza, indirizzo, telefono – domicile complete address, phone |
|  |
| Medico curante – doctor in charge |
|  |  |
| Libretto sanitario n. | ASUR |

**MALATTIE PREGRESSE – PREVIOUS DISEASES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Morbillo measles | si - yes | no | non so - unknow | vaccinato - vaccinated | si - yes | no |
|  |  |  |  |  |  |  |
| Parotite mumps | si - yes | no | non so - unknow | vaccinato - vaccinated | si - yes | no |
|  |  |  |  |  |  |  |
| Pertosse whooping-cough | si - yes | no | non so - unknow | vaccinato - vaccinated | si - yes | no |
|  |  |  |  |  |  |  |
| Rosolia rubella | si - yes | no | non so - unknow | vaccinato - vaccinated | si - yes | no |
|  |  |  |  |  |  |  |
| Varicella varicella | si - yes | no | non so - unknow | vaccinato - vaccinated | si - yes | no |

**ALLERGIE – ALLERGIES**

|  |  |  |
| --- | --- | --- |
|  |  | Specificare - specify |
| farmaci | drugs |  |
| pollini | pollens |  |
| polveri | dusts |  |
| muffe | moulds |  |
| punture di insetti | insect stings |  |

altro other diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

documentazione allegata inerente patologie e terapie in atto – included papers concerning diseases and terapie in progress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intolleranze alimentari – food intolerance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per il/la minore (barrare l’opzione esatta) – As regards the minor (bar the right choise):

non sono stati richiesti negli ultimi 5 giorni interventi medici – no medical help was in the last 5 days

È stato richiesto intervento medico – si allega certificazione medica attestante l’assenza di malattie infettive trasmissibili tali da controindicare l’ammissione in collettività

Medical help was requested – the absence of infectious disease such a sto controindicate the admittance of the same minor in the community is declared by enclose medical certification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, li \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma di chi esercita la potestà genitoriale

Signature of the person exercising parental authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_