CERTIFICATO MEDICO

Certifico che il/la signor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ di anni\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nato/a a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_il \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ e residente nel Comune di Castel San Giorgio alla Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_n°\_\_\_\_\_\_\_\_\_\_\_\_

È stato/a da me visitato/a in data odierna con il seguente risultato:

1. Malattie in atto\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Cure mediche in atto (nome del/dei medicinale/i e somministrazione)

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3. Eventi morbosi recenti\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Giudizio sullo stato di salute\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Giudizio di autosufficienza fisica e psichica

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6. Eventuale dieta consigliata

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Data \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ firma e timbro del Medico