

**Medical attachment:**

Supplementary information about applicants for Handicamp 2016 in the Czech Republic. Please answer fully the following questions health conditions of the participant. Use additional sheets of paper if necessary.

**Applicant's Name**

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Diagnosis		
Health insurance company		
Medical orthopaedic helps (wheelchair, crutches,...)		
Allergies		
Diet		
Medicaments (dispensing) – it is necessary to have all medicaments with		
Hippotherapy	YES	NO
PCA's name and date of birth (dd/mm/yy)		
GP's signature+stamp:		Date: