BOSNA I HERCEGOVINA

FEDERACIJA BOSNE I HERCEGOVINE

KANTON SARAJEVO

**JU CENTAR ZA SLUŠNU I GOVORNU REHABILITACJU SARAJEVO**

Ulica Asima Ferhatovića br.2, 71000 Sarajevo

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**I Z J A V A**

JA RODITELJ/STARATELJ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UČENIKA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OVIM PUTEM PRAVDAM IZOSTANAKE MOG DJETETA

ZA PERIOD OD:\_\_\_\_\_\_\_\_\_\_\_\_\_DO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DIJETE JE IZOSTALO IZ SLJEDEĆIH RAZLOGA:

(BOLEST, NEMOGUĆNOST LJEKARSKOG PREGLEDA, TEMPERATURA, KAŠALJ I DRUGI SIMPTOMI, SUMNJA NA COVID, U PORODICI IMAJU ZARAŽENI COVIDOM ILI IMAJU SIMPTOME ČLANOVI RIZIČNE SKUPINE , DRUGI RAZLOZI):

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KONTAKT RODITELJA:

TEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IME I PREZIME RODITELJA/STARATELJA I POTPIS:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREGLEDAO I ODOBRIO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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