

Izvajalec zdravstvene dejavnosti

Healthcare provider

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**ZDRAVNIŠKO POTRDILO PRED VKLJUČITVIJO OTROKA V VRTEC**  
**MEDICAL CERTIFICATE BEFORE CHILD STARTS KINDERGARTEN**

Otrok (ime in priimek) \_\_\_\_\_  
Child (name and surname)

rojen(a) \_\_\_\_\_, naslov prebivališča \_\_\_\_\_  
born address of residence

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(obkrožiti):

(circle):

A) je cepljen(a) z vsaj enim odmerkom cepiva proti ošpicam, mumpsu in rdečkam in se lahko vključi v vrtec;

A) has received at least one dose of measles, mumps and rubella vaccine and is eligible for kindergarten;

B) iz zdravstvenih razlogov ni cepljen(a) proti ošpicam, mumpsu in rdečkam in se lahko vključi v vrtec;

B) is not vaccinated against measles, mumps and rubella for health reasons and can attend kindergarten;

C) ni cepljen(a) proti ošpicam, mumpsu in rdečkam, vendar je v postopku pridobitve odločbe o opustitvi cepljenja in se lahko vključi v vrtec;

C) is not vaccinated against measles, mumps and rubella, but is in the process of obtaining a vaccination waiver and is eligible for kindergarten;

D) ni cepljen(a) proti ošpicam, mumpsu in rdečkam in ne obstajajo zdravstveni razlogi za opustitev cepljenja, zato se v skladu s prvim odstavkom 51.a člena Zakona o nalezljivih boleznih (Uradni list RS, št. 33/06 – uradno prečiščeno besedilo, 49/20 – ZIUZEOP, 142/20, 175/20 – ZIUOPDVE in 15/21 – ZDUOP) ne more vključiti v vrtec.

D) has not been vaccinated against measles, mumps and rubella and there are no medical reasons for not vaccinating him/her, therefore, in accordance with Article 51a, paragraph 1 of the Act on Infectious Diseases (Official Gazette of the Republic of Slovenia, No. 33/06 - official consolidated text, 49/20 - ZIUZEOP, 142/20, 175/20 - ZIUOPDVE and 15/21 - ZDUOP), he/she is not eligible to enrol in kindergarten.

**Ime in priimek ter podpis zdravnika**

Name, surname and signature of the doctor

Datum \_\_\_\_\_

Date

\_\_\_\_\_