**Allegato 1 Bis**

**CERTIFICATO MEDICO**

Certifico che il/la signor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ di anni\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nato/a a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_il \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ e residente nel Comune di Ercolano 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**