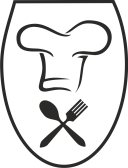
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| **Podpis** | **Tr. Uč.**  **Majstra OVY** |  |  |  |  |  |  |  |  |  |
| **rodiča** |  |  |  |  |  |  |  |  |  |
| **Pečiatka a podpis lekára** | |  |  |  |  |  |  |  |  |  |
| **Diagnóza**  **PN** | |  |  |  |  |  |  |  |  |  |
| **Návšteva u lekára**  **dátum, od-do** | |  |  |  |  |  |  |  |  |  |
| **Žiaka k lekárovi uvoľnil**  **dátum, od-do** | |  |  |  |  |  |  |  |  |  |

 Súkromná stredná odborná škola – GASTROŠKOLA, s.r.o.

Bieloruská 1,

821 06 Bratislava

ZÁZNAM

O ABSENCII ŽIAKA

MENO žiaka ...........................................................................................

Trieda ................................................................

Šk. rok ..............................................................

Podpis triedneho učiteľa ........................................................................

Podpis rodičov .......................................................................................

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