

HEALTH CERTIFICATE

Candidate for the English Programme, Faculty of Medicine In Poland

PERSONAL DATA

1. Surname (family) first name

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Father's first name Mother's name

.....

2. Date of birth: year:month day place

.....

3. Permanent (family) address: country

..... street, no

..... codeCity.....

PREVIOUS MEDICAL RECORD

4. Candidate's medical history:

a) congenital or acquired disability

b) chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy,
psychiatric, neurological, others:

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c) medication (temporary / longstanding)

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d) hospitalization, date, diagnosis

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5. Family diseases

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6. Other information

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MEDICAL EXAMINATION

7. Height cm, weight kg

8. Blood pressure Pulse per
minute

9. Physical exam. of the systems

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Observations

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10. Vision glasses / correction Rt Lt
..... Colours

11. Mental health

12. General blood and urine tests

13. Tuberculin test: date result

14. Chest X-ray (can be separately done) date result
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15. MRSA test: date result
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16. HBV test: date result

17. HCV test: date result
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MEDICAL CONCLUSION (delete, if not applicable)

18. Candidate is in a good health and hence able to commence medical studies

19. Other conclusion:

1a) second opinion of specialist required (designate)

2b) required continuous medical observation

3c) relevant diagnosis

20. Physician's name and signature:

Place..... date sign

.....

21. Official stamp, address, phone# or fax#