

HEALTH CERTIFICATE

Candidate for the English Programme, Faculty of Medicine In Poland

PERSONAL DATE

1. Surname (family) first name
Father's first name Mother's name
2. Date of birth: year: month day place
3. Permanent (family) address: country
street, no code City.....

PREVIOUS MEDICAL RECORD

4. Candidate's medical history: a) congenital or acquired disability
b) chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric,
neurological, others:
c) medication (temporary / longstanding)
5. Other information

MEDICAL EXAMINATION

6. Height cm, weight kg
7. Blood pressure Pulse per minute
8. Physical exam. of the systems
Observations
9. Vision glasses / correction Rt Lt
Colours
10. Mental health
11. General blood and urine tests

12. Tuberculin test: date result
13. Chest X-ray (can be separately done) date result
14. MRSA test: date result
15. HBV test: date result
16. HCV test: date result
17. COVID-19 IgM/IgG test: date resultnot done

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#