



**WROCLAW
MEDICAL UNIVERSITY**

HEALTH CERTIFICATE

(Filled and signed by a physician)

Candidate for the English Programme, Faculty of Medicine/Dentistry/Faculty of Nursing and
Midwifery

1. Family Name Given Name/Names
2. Gender: Male, Female* Title: Mr., Mrs., Ms., Miss*
3. Date of birth: year month day
4. Place and country of birth.....
5. Contact address
6. Proof of identity (document type, series, number)

Candidate at

.....
(field of study)

conducted in **Wroclaw Medical University**.

The above mentioned person will be exposed to the following factors that are harmful, disruptive or dangerous for health, including chemical agents – sensitizing irritant, formalin, infectious biological material, working on a display screen and optical microscope.

MEDICAL CONCLUSION

Applicant is in a good health and hence able to commence medical studies – YES/NO*

* circle the appropriate

date and signature