

HEALTH CERTIFICATE
Candidate for Poznan University of Medical Sciences

BIOGRAPHICAL DATA

1. Surname (family) first names
- father`s first name mother`s name
2. Date of birth: year month day place
3. Permanent (family) address: country
- street, nr code city

PREVIOUS MEDICAL RECORD

1. Candidate`s medical history:
 - congenital or acquired disability
 - chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, others
 - medication (temporary/longstanding)
 - hospitalisation, date, diagnosis
2. Family diseases
3. Other information

MEDICAL EXAMINATION

1. Height cm, weight kg
Blood pressure pulse per minute
2. Physical exam of the systems.....
observations.....
3. Vision glasses/correction Rt. Lt. colours
4. Mental health.....
5. General blood and urine tests
6. Tuberculin test: date result
7. Chest X-ray (can be separately done) date result

MEDICAL CONCLUSION *(delete, if not applicable)*

1. Candidate is in a good health and hence able to commence medical studies
2. Other conclusions:
 - second opinion of specialist required (designate)
 - required continuous medical observation
 - relevant diagnosis

.....
place **date** **Physician's name and signature**

Official stamp, address, tel. nr or fax nr.