HEALTH CERTIFICATE

# Wrocław Medical University, Poland

Candidate for the English Programme, Faculty of Medicine/Dentistry\*

\*(delete as appropriate)

 **PERSONAL 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

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) ......................................................................................

d) hospitalisation, date, diagnosis ...............................................................................................

5. Family diseases ........................................................................................................................

6. Other information .....................................................................................................................

## MEDICAL EXAMINATION

7. Height .................... cm, weight ............... kg

 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 .........................................

**MEDICAL CONCLUSION** (delete, if not applicable)

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

15. Other conclusions:

a) second opinion of specialist required (designate) ....................................................................

b) required continuous medical observation ................................................................................

c) relevant diagnosis .....................................................................................................................

16. Physician`s name and signature:

place ............................ date ............................... signature..........................................................

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