



HEALTH CERTIFICATE

For the candidate for the English Program, Faculty of Medicine/ Faculty of Medicine & Dentistry,
Pomeranian Medical University in Szczecin

PERSONAL DATA

1. **Surname(s)** **first name(s)**.....
2. Date of birth (*dd/mm/yyyy*): place of birth.....
3. Permanent address: country street.....
code city

PREVIOUS MEDICAL RECORD

4. Candidate's medical history:
 - a) Congenital, acquired, body defects.....
 - b) Actual/chronic, e.g. diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, other.....
 - c) Medication (temporal/longstanding).....
 - d) Hospitalization, date, diagnosis.....
5. Family diseases.....
6. Other information.....

MEDICAL EXAMINATION

7. Height(cm), weight (kg)
8. Blood pressure, pulseper minute
9. Physical exam. of the systems
- Observations.....
10. Vision glasses/correction Rt..... Lt..... colors.....
11. Mental health.....
12. **Full blood morphology and AST ALT blood liver** test
13. **Urine** test.....
14. **HIV** test: date.....result.....
15. **Chest X-ray** (*results may be attached separately*) date result
16. **Hepatitis B immunization:** 1st shot(*date*).....2nd shot (*date*).....
3rd shot(*date*) (*or attach a copy of a vaccination card/ booklet*)

MEDICAL CONCLUSION

16. **Candidate is in a good health and able to commence medical studies**
(*underline if applicable*)
17. Other conclusions:
 - a) Second opinion of specialist required (designate).....
 - b) Required continuous medical observation
 - c) Relevant diagnosis
18. Physician's name and signature:

Date signature place

(*physician's stamp*)