HEALTH CERTIFICATE

1. Name in full:

_____ _____

(family name) (first and other names)

2. Date of birth:_____ Sex: male / female (circle one)

3. Permanent address: _____

_____

4. Height: cm Weight: kg _____ _____

5. Sight:_____ Hearing:_____

6. Results and date of X-ray examination:_____

_____

7. Information on major diseases suffered in the past (especially: tuberculosis, trachoma, typhus, dysentery):_____

_____

8. Physician's opinion on applicant's physical and mental ability to study abroad:

_____

_____

_____

Note: Because of the following diseases the applicant's stay in Poland is not advisable: tuberculosis, lepra, trachoma, malaria, amoebiasis, ancylostomiasis, strongyloidosis, mycosis, histoplasmosis, scabies, mental diseases, venereal diseases, AIDS, drug addiction.

Date and place of the examination: Signature and seal of the examining physician:

_____ _____

Instruction: The Health Certificate form must be filled out by a registered physician afte thorough examination (including X-ray of chest and blood test for HIV virus).
The Polish side reserves the right to undertake additional medical examination before the beginning of applicant's study in Poland, and – in case of a serious illness – the right to send the candidate back to the home country at his/her own expense.