



**University of Warmia and Mazury**  
**School of Medicine, Olsztyn, Poland**  
*Health certificate*

**Dean's Office Address:**  
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Faculty of Medical Sciences  
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[www.uwm.edu.pl/wnm/en](http://www.uwm.edu.pl/wnm/en)

PERSONAL DATA	
<b>Surname</b> <input type="text"/>	<b>First names</b> <input type="text"/>
<b>Date of birth (day/month/year)</b> <input type="text"/>	<b>Place of birth</b> <input type="text"/>
<b>Permanent address</b>	
<b>Country</b> <input type="text"/>	<b>Street and Number</b> <input type="text"/>
<b>ZIP-code</b> <input type="text"/>	<b>City</b> <input type="text"/>
PREVIOUS MEDICAL RECORD	
<b>Candidate's medical history</b>	
<b>Congenital, acquired, body defects</b> <input type="text"/>	
<b>Actual/chronic, e.g. diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological</b> <input type="text"/>	
<b>Others</b> <input type="text"/>	
<b>Medication (temporal/longstanding)</b> <input type="text"/>	
<b>Hospitalization, date, diagnosis</b> <input type="text"/>	
<b>Other information</b> <input type="text"/>	

**MEDICAL EXAMINATION**

Height

cm

Weight

kg

Blood pressure

pulse .....per minute

Physical exam, of the systems

Observations

Vision .....glasses/correction Rt .....Lt .....colours .....

Mental Health

General blood and urine tests

Tuberculin test: date ..... result.....

Chest X-ray (can be done separately) date .....result.....

HIV-test; data.....result.....

**MEDICAL CONCLUSION (circle the appropriate)**

Candidate is in a good health and hence able to commence medical studies YES/NO

Other conclusions

Second opinion of specialist required (designate)	YES/NO
Required continuous medical observation	YES/NO
Relevant diagnosis.....	

Physician's data

Physician's printed surname and first name, license #

Physician's Signature

Official stamp, address, tel. or fax

Date and place

