



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

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

MEDICAL EXAMINATION

Height

_____ cm

Weight

_____ kg

Blood pressure

.....pulseper minute

Physical exam, of the systems

Observations

Visionglasses/correction RtLtcolours

Mental Health

General blood and urine tests

Tuberculin test: date result.....

Chest X-ray (can be done separately) dateresult.....

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