School of Medicine in English
Jagiellonian University Medical College
Faculty of Medicine

HEALTH CERTIFICATE
JU MC SME Applicant

PERSONAL INFORMATION (please type)

Surname			
First and middle name(s)			
Home address		Date of birth (dd/mm/yyyy)	

MEDICAL HISTORY

CONDITION	**NO**	**YES** (if you checked "YES", please provide details)
Congenital or acquired disability	☐	☐
Chronic conditions	☐	☐
Medication (temporary/ longstanding)	☐	☐
Hospitalisation	☐	☐ date & diagnosis
Family diseases	☐	☐
Other	☐	☐

MEDICAL EXAMINATION

Height		Weight		Blood pressure		Pulse	
General blood and urine tests							
Mental health							
Chest X-ray	Date & result:						

CONCLUSION

The applicant is in good physical and mental condition and hence able to undertake medical studies.

☐ YES ☐ NO

If you checked "NO", please provide details:

- Second opinion of a special is required:……
- Required continuous medical observation:……
- Relevant diagnosis:……

VERIFICATION

Surname and name of the healthcare provider	Place and date	Stamp
Full address and telephone number	Signature	