



# HEALTH CERTIFICATE

for the candidate for studies at the Faculty of Medicine and Dentistry  
(English Program or Asklepios Program)  
Pomeranian Medical University in Szczecin

## PERSONAL DATA

1. **Surname(s)** ..... **first name(s)**.....
2. **PESEL or type, series and no. of identity document**.....

## MEDICAL EXAMINATION

1. **Full blood morphology and ALT, bilirubin, blood liver test** .....
2. **Urine test**.....
3. **HIV test:** date.....result.....
4. **Chest X-ray** (*results may be attached separately*) date ..... result .....
5. **Hepatitis B immunization:** 1<sup>st</sup> shot(*date*).....2<sup>nd</sup> shot (*date*).....  
3<sup>rd</sup> shot(*date*) ..... (*or attach a copy of a vaccination card/ booklet*)
6. **Chronic Diseases (to be specified)**.....  
.....
7. **Hospital admissions (reason/diagnosis)**.....  
.....
8. **Regularly taken drugs or medicines**.....  
.....

## HARMFUL AND DANGEROUS AGENTS

The candidate mentioned above will be exposed to the following agents during his/her studies at the **Faculty of Medicine and Dentistry** (major: **medicine**):

- chemical agents with a sensitizing and irritating effect, e.g. disinfectants and latex gloves; harmful e.g. xylene; toxic e.g. acetone; carcinogenic e.g. formaldehyde, acrylamide, chloroform, phenolphthalein, alkaline fuchsin, potassium dichromate VI, cobalt chloride, nickel chloride, congo red and mutagenic e.g. phenol, ethidium bromide;
- cryogenic liquids (liquid nitrogen), anesthetic gases;
- biological agents - infectious biological material (viral hepatitis type B (HBV) or type C (HCV), human acquired immunodeficiency virus (HIV), tuberculosis, oral flora, oral mycoses, infectious streptococci and staphylococci, parasitic slides, other nosocomial infections), material from test animals;
- infrared radiation, laser radiation, electromagnetic radiation;
- work in front of a computer screen and optical microscope.

**MEDICAL CONCLUSION** (please underline)

- Candidate is in a good health and able to commence medical studies
- There are health contraindications for training in a medical profession

Physician's name and surname: .....

Issued on (day/month/year) ..... City .....

Country.....

signature .....

*(physician's stamp)*