



# HEALTH CERTIFICATE

for the candidate for studies at the Faculty of Dentistry (English 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 Dentistry** (major: **dentistry**):

- chemical agents with a sensitizing and irritating effect, e.g. disinfectants and latex gloves; carcinogenic e.g. formaldehyde; harmful, e. g. mercury (amalgams) and other metals included in dental materials and nitrogen oxides, solvents contained in fillings, antiseptics;
- dusts of plastic masses used in dental techniques, and other non-toxic industrial dusts, including those containing free crystalline silica below 2%;
- biological agents - infectious biological material (viral hepatitis type B (HBV) or type C (HCV), Human Immunodeficiency Virus (HIV), Mycobacterium tuberculosis, oral flora, oral mycoses, infectious streptococci and staphylococci), material from test animals;
- ultraviolet UV radiation;
- vibration on the upper limbs (drill), noise (drill-turbine), ultrasonic noise (tartar/scale removal device);
- work in a forced posture (mainly at dental units);
- work in front of a computer screen;
- working in a small visual field, manual skills.

**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)*