## HEALTH CERTIFICATE

1.	Name in full:			
_	(family name)		(first and other names	s)
2.	Date of birth:	Sex: mal	e / female (circle one	<del>;</del> )
3.	Permanent address:			
4.	Height:		cm	Weight:
5.	Sight:	Hearing:		
6.	Results and date of X-ray examination:	<u>:</u>		
7.	Information on major diseases suff trachoma, typhus, dysentery):			
8.	Physician's opinion on applicant's phy	sical and men	ntal ability to study al	oroad:
No	ote: Because of the following diseases the tuberculosis, lepra, trachoma, strongyloidosis, mycosis, histoplas diseases, AIDS, drug addiction.	malaria,	amoebiasis, ancy	lostomiasis,
Da	ate and place of the examination:	ignature and s	seal of the examining	physician:
I	nstruction: The Health Certificate form must be examination (including X-ray of cl.)  The Polish side reserves the right the beginning of applicant's study right to send the candidate back to	hest and blood to undertake add in Poland, and	test for HIV virus). Iditional medical exami d – in case of a serious	nation before illness – the