MEDICAL CERTIFICATE ON THE HEALTH CONDITION
OF A STUDENT OF WROCŁAW UNIVERSITY OF SCIENCE AND TECHNOLOGY
APPLYING FOR HEALTH LEAVE

I. STUDENT'S PERSONAL DETAILS – to be completed by the student

Full name

Date of birth / PESEL

Place of residence / Street / House no. / Flat no. /

Postal code

Faculty

Academic year / Year of study / Semester / Student ID no.

Place and date / Signature

THE MEDICAL CERTIFICATE IS ISSUED AT THE REQUEST OF A STUDENT APPLYING FOR HEALTH LEAVE, FOR SUBMISSION TO THE DEAN OF THE FACULTY.

Header stamp of the unit issuing the certificate

II. MEDICAL CERTIFICATE – to be completed by the physician

The patient reported on _____ for the purpose of obtaining a medical certificate on the health condition in connection with applying for health leave.

During the period from _____ to _____ the patient received _____ days of sick leave.

On the basis of the medical records and medical examination, it is determined that granting health leave is:

☐ **JUSTIFIED** * ☐ **NOT JUSTIFIED** *

Proposed period of health leave

from _____ to _____

Place and date _____ Physician's signature and stamp _____

* Delete as appropriate.