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*pieczęć jednostki/ official stamp of the institution*

**ZAŚWIADCZENIE LEKARSKIE**

**stwierdzające brak przeciwwskazań do podjęcia kształcenia na studiach wyższych**  
*Medical certificate stating that there are no contraindications to undertake education in a  
chosen field of study and form of education*

Imię i nazwisko kandydata .....  
*Name and surname of the candidate*

Data urodzenia.....  
*Date of birth*

Wybrany kierunek studiów: BIOTECHNOLOGY  
*Chosen field of study: BIOTECHNOLOGY*

Poziom studiów: master (graduate)  
*Level of study: master (graduate)*

***Information on any factors dangerous to health, occurring in the place of study of the examined person:***

Strenuous factors: computer classes - about 30 hours per semester;  
Harmful factors: contact with fungi and their spores and mites (dried herbarium material), allergens (cereals and grasses), possible tick bites during fieldwork, contact with animals and animal material, contact with microorganisms, contact with chemical reagents, UV radiation - approx. 2 minutes per semester

1. Może podjąć kształcenie na wybranym kierunku studiów\*  
*This is to confirm that there are no contraindications to study at the field of study\**

2. Istnieją przeciwwskazania do podjęcia kształcenia na wybranym kierunku studiów\*  
*This is to confirm that there are contraindications to study at the chosen field of study\**

*Zalecenia/recommendations:*  
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Data Pieczęć i podpis lekarza  
*Date Doctor's stamp and signature*

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\* niepotrzebne skreślić / cross out the irrelevant