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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: CHEMICAL ENGINEERING  
**Chosen field of study: CHEMICAL ENGINEERING**

Poziom studiów: bachelor (undergraduate)  
**Level of study: bachelor (undergraduate)**

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

Arduous factors: work at the computer (60 hours per semester),  
Harmful factors: work with chemical reagents of organic and inorganic compounds approved for general use (30 hours per semester), chemical reagents of organic and inorganic compounds approved for common use (30 hours 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