

.....
town, date

**Medical certificate confirming ability to study
in PULS Doctoral School**

Based on the conducted medical examination it is certified that Mr./Ms./Mrs.

.....
first name(-s)

.....
surname

born on
day, month, year

a candidate for Poznań University of Life Sciences Doctoral School*:

- has no medical problems preventing his/her studies*
- has medical conditions preventing his/her studies in the following discipline**:

.....
.....

stamp and signature of the doctor

* underline as applicable

** select and enter in the appropriate: forestry sciences; agriculture and horticulture; food technology and nutrition; veterinary medicine; animal sciences and aquaculture; mechanical engineering; environmental engineering, mining engineering and power engineering; biological sciences; economics and finance; biotechnology