



Health questionnaire

for candidates applying for 6-yr Medicine Program at Collegium Medicum in 2023/2024

Instructions

This health questionnaire should be filled with capital letters by a practising physician ONLY. Submit a photocopy of the health questionnaire along with other required documents to the university recruitment system before the application deadline. To secure your place you can deliver the application form along with other required documents (ORIGINALS) until **September 29th, 2023** to:

Instytut Nauk Medycznych (p. 3/16a)
Collegium Medicum UJK w Kielcach
al. IX Wieków Kielc 19A
25-317 Kielce
POLAND

Personal data

Name and surname

Street address, including city, and postal code

Date of birth (YYYY-MM-DD)
***must be 18 years old on 1st Oct 2022**

Country

Medical record

	No	Yes	If, yes describe the type
congenital or acquired disability	<input type="text"/>	<input type="text"/>	<input type="text"/>
chronic conditions: diabetes, asthma, hypertension, rheumatic, allergy, psychiatric, neurological, others	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

medication (temporary/
longstanding)

hospitalization (dates,
diagnosis)

family diseases

No **Yes**

If, yes describe the type

other information

Medical examination

General information

Hight in cm Wight in kg Pulse per min

Blood pressure

Physical examination of the systems (insert X if applicable)

Healthy Further tests needed

Vision (insert X if applicable)

Normal vision Glasses needed

Rt Colours

Lt

Was the general blood and urine tests made? (insert X if applicable)

Yes No

Vaccinations

Vaccine against Hepatitis B is mandatory. In exceptional cases, individual doses can be taken later.

Vaccination against Covid-19 is strongly recommended.

Hepatitis B

1st dose
date

2nd dose
date

3rd dose
date

Vaccine
name and
serial
number

Vaccine
name and
serial
number

Vaccine
name and
serial
number

Covid-19

1st dose
date

2nd dose
date

Vaccine
name and
serial
number

Vaccine
name and
serial
number

Conclusion

Candidate is in a good health and hence able to commence medical studies

I agree

I disagree

Signature

Signature of the physician filling this form

Name

Name of the physician filling this form

Date of Signature

MM
DD
YY

Stamp