

.....  
*place, date*

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

Based on the conducted medical examination it is certified that Mr./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 in the following discipline: \*

.....  
*forestry sciences; agriculture and horticulture; food technology and nutrition; veterinary medicine;  
animal science and aquaculture; mechanical engineering; environmental engineering, mining  
engineering and power engineering; life sciences; economics and finance*

*stamp and signature of the doctor*

.....  
\* choose the applicable discipline