….………………………………….

place, date

Template

Medical certificate

Based on the conducted medical examination of Mr./Ms.:

First name[[1]](#footnote-1) …………………………….….…………………………………………………………….…

Surename[[2]](#footnote-2)\*………………………………………………………………………………………….…

Date of birth……………………………………………………………………..………...……….…

Series and passport no.…………………………………………………...…………………………...

**There are no health contraindications for undertaking training
at Interdisciplinary Doctoral School of the Lodz University of Technology
in the disciplin**………………………………………………………...…………………..

name of the discipline

…………………………………………………

stamp and signature of the doctor

1. Please put the first name and surename as it is written in passport [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)