[oblong stamp with illegible content]

[illegible fragment], on

(town)

[oblong stamp with the following content:]

TAX ID:

HEALTH MINISTRY CODE :

**MEDICAL CERTIFICATE**

Name and surname:

Date of birth:

PESEL [personal number]:

domiciled in

Name and number of identity card\*): [no entry]

Diagnosis\*\*):

Purpose for which the certificate is issued: [no entry]

Stamp and signature of the physician:

Information:

\*) Fill in only in justified cases

\*\*) The certificate should not include the diagnosis, if due to the purpose for which the certificate is issued it is not necessary or if the diagnosis would breach professional secrecy.