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[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.