

# Medical Certificate

Name and Surname .....

Date of birth .....

Passport no .....

Home address .....

**Please choose ONE of the two options:**

**There are NO impediments to study OCCUPATIONAL THERAPY** for the entire duration of studies at the University of Information Technology and Management in Rzeszow, Poland.

**There are impediments to study OCCUPATIONAL THERAPY** for the entire duration of studies at the University of Information Technology and Management in Rzeszow, Poland.

.....  
Place and date

.....  
Doctor's signature and stamp

.....  
Name of the surgery