

.....  
(stamp of the healthcare institution)

.....  
(place and date of the issuance)

### Medical certificate

The health condition of Mr/Ms

.....  
(student's name and surname)

#### allows to participate in:

- ☐ corrective and compensatory exercises\*
- ☐ relaxation and breathing exercises\*
- ☐ **prevents from participation** in physical exercises as part of PE classes organised at the University of Wrocław in\*:
  - ☐ ..... **semester** in ...../..... academic year \*  
(winter/summer)
  - ☐ **entire** ...../..... **academic year** \*
  - ☐ **entire study period** \*.

.....  
(stamp and signature of a doctor/chairperson of a medical committee)

\* select the appropriate by putting „X”

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This certificate shall be submitted by the student to the head or deputy head of the University Sports Centre at 10 Przesmyckiego Street, room B, Wrocław.

I have read the above

field of study/year/Student Record Book no.

date and student's signature