

Stamp of the health service institution  
or doctor's consultation room

INFORMATION ON THE HEALTH CONDITION \*

Forename and surname.....

PESEL no. ....

Address.....

Diagnosis of the underlying disease  
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Coexisting diseases, operational treatments  
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Allergies  
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Medications taken by the patient (name and dosage); orthopaedic equipment  
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Deviations observed during physical examination and during additional examinations  
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Infectious diseases – refers to persons under 16 years of age  
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Preventive vaccinations (dates) - refers to persons under 16 years of age  
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doctor's stamp and signature

\* Form „Information on the health condition" shall be filled up by a doctor referring the patient to a rehabilitation stay, not earlier than 3 months before the date of commencement of a rehabilitation stay, the participant of such a stay shall submit this form at the first medical examination during a stay.