

.....  
Name

.....  
Surname

.....  
Identification document

.....  
series / number

## STATEMENT OF HEALTH

I hereby confirm that the state of my health allows me to undertake studies at the Warsaw Film School, with its seat in Warsaw, Gen. J. Zajęczka 7, 01-518 Warsaw, on the following Bachelor of Arts course and specialisation

### Film and Multimedia / Film Directing

as well as the realisation of the course.

In relation to the above statement I declare, that my health allows me to actively participate in classes requiring full mental and physical fitness.

I also declare that in the event of joining the course I will undergo medical examination by the indicated medical doctor with the goal of verification of the above statement and confirmation of lack of health contraindications for further study.

I hereby acknowledge that in case of a statement of contraindication for further study being issued during the course of my studies, I might be required to resign from the course

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date and signature