

PLEASE FILL IN THE FOR USING CAPITAL LETTERS AND MARK X IN SUITABLE SQUARES

.....
First and last name

.....
PESEL / Passport number

.....
Father's first name

Today, before my aviation and/or occupational medicine examinations, I declare that:

- 1.** I am rested, I feel healthy and ready to undergo examinations, and for the last 24 hours I have not consumed alcohol and cared for rational nutrition. I put myself on an empty stomach for tests. I am not on sick leave.
- 2.** I have read carefully the statements regarding my state of health and medical history included in the Application Form for the Medical Certificate, and the data I complete are, to the best of my knowledge, true and complete. I did not conceal any relevant information and did not put any misleading statements. I understand that providing incomplete or false data in the Form may result in a negative medical certificate issued by a certifying physician or an authority entitled to licensing may refuse to issue a decision or withdraw all issued decisions aviation medical notifications in addition to all other operations applicable under national law.
- 3.** I have been informed that pursuant to art. 106 section 3 of the Act of 3 July 2002 - Aviation Law (Journal of Laws of 2019, Pos. 1580 and 1495) I have the right to appeal against a medical certificate issued by a doctor aero-medical certificate to the Chief Civil Aviation Doctor within 14 days of receipt judgment. Appeals against medical certificates are submitted to the Chief Civil Aviation Doctor through the certifying doctor by whom it was issued.

I acknowledge that Romana Borkowska, operating under the name ALERGO-MED Poradnia Specjalistyczna, is the administrator of personal data regarding my person for the purposes of providing medical services. I have been informed about the right to access the content of the above data and the right to amend, update, supplement and delete them. I have read the information obligation arising from art. 13 GDPR (available at alergo-med.com and badanialotniczolekarskie.pl and on ALERGO-MED clinic information boards).

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Date and Patient's / legal guardian's signature