

Name and Surname: _____

Major/Program, Year of the studies: _____

Statement

With relation to the individual organization of the **Clinical Clerkship** at the 6th year of the studies and having obtained the agreement on undergoing the Clinical Clerkship from the Centre for Medical Education at Collegium Medicum UMK, herein I confirm that I was informed about the obligation to:

- a) possess the Civil Liability and Personal Accidents Insurance (detailed scope of insurance binding on the territory of the Republic of Poland is specified in Annex no. 3 to the Agreement); in addition, it is required to possess additional insurance covering the state where the Clinical Clerkship is to take place.
- b) be capable of performing works under the Clinical Clerkship (possess current medical tests, vaccination against hepatitis B),
- c) know the content of this Agreement.

At the same time, I declare that having selected a place for the Clinical Clerkship other than the University, I shall NOT submit any claims at the University in connection with my choice, and I am aware that taking the Clinical Clerkship at the "Receiving unit" **does not release me from duties specified in the Contract with the Collegium Medicum UMK**, in particular it does not release me from the obligation to pay the tuition fee for the 6th year of the studies, pursuant to the relevant Directive of the Rector of UMK.

Bydgoszcz, Date:

(Student's signature)
