

Certificate of Internship

This is to confirm that the student:

Name and surname:

Natalia Wiesner

completed an internship at our workplace:

Place of internship:

VENA MEDICA, Reymonta 50, 44-200 Rybnik

Length of internship:

1.08.2019 - 15.08.2019

Evaluation:

(Please specify the procedures which the student performed on their own and which they assisted in, their theoretical background, their attitudes to both patients and other health professionals, and your personal observations, if possible)

Natalia showed interest in the topics discussed. She was a keen student arriving punctually and behaved very professionally. She asked appropriate questions and was willing to assist. She was keen to learn about the procedures and engaged well with patients and doctors alike. It was a pleasure to have her at the clinic and she would be welcome to come again in the future. By her own she performed: blood sampling, made sutures, casting, i.v. applications, assisting by holding surgical instruments, examination of patients. She assisted in various types of vascular surgeries.

Tutor:

MD. Krzysztof Pamiel, PhD

Signature:

E-mail address:

krzysztof.pamiel@wp.pl

Date: 15.08.2019

Dr n. med. Krzysztof Paruzel
SPECJALISTA CHIRURGII NACZYŃI WEJ
SPECJALISTA CHIRURGII OGÓLNEJ
tel. 509 796 766
3777135

Certificate of Internship

This is to confirm that the student:

Name and surname:

Natalia Wiesner

completed an internship at our workplace:

Place of internship:

"Centrum Zdrowie"

Length of internship:

16.08.2019 - 31.08.2019

Evaluation:

(Please specify the procedures which the student performed on their own and which they assisted in, their theoretical background, their attitudes to both patients and other health professionals, and your personal observations, if possible)

Natalia jest osobą kulturalną i budzi zaufanie.
Do bardzo dobrej pracy do pomocy.
Leczenie pacjentów jest jej siłą i praktyką.
Ma bardzo bogatą wiedzę nie tylko z
zakresu pediatrii, lecz także do specjalizacji
pracy. W preferencyjnym sposobie
dotyczy się do pacjentów i personelu. Natalia
swoje wykonała pełnowartościowo, samodzielnie,
mimo to wnikliwie, podlegała korektom, jednak
niezależnie, gdyby nie promieniowanie nie było, etc.

Tutor:

Signature:

E-mail address:

Date: 31.08.2019

Dr Urszula Kubiczek
Kubiczek Urszula

6771497
URSZULA KUBICZEK
specjalista chorób dziecięcych
ul. M. Konopnickiej 30
47-480 Pielowice Wielkie
tel. 32 419 84 36

Wykonane prace:

- USG
- punkcja lewej
- podawanie PIR
- operacja wycedzenia
- mycie
- kolonoskopia
- endoskopia

Z przyjemnością i z przyjemnością Natalia w naszej
klimacie pracowała.

Internship Record

Obligatory Practise in General Practitioner's Office (PLE/VABP2)

Student's name: *Natalia Miesner*

Place of the internship: *NZOZ "Centrum Zdrowia"*

Medical specialty: *Przychodnia "Ocicka"*
General Practical Medicine

Date	Procedures	Signature
<i>23.08.2018</i>	Blood sampling	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>20.08.2018 24.08.2018</i>	Intramuscular injection <i>Male catheterization</i>	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>23.08.2018</i>	Wound dressing	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>22.08.2018</i>	Suture removal	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>20.08.2018 - 24.08.2018</i>	Blood pressure measuring <i>ECG</i>	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>20.08.2018 - 24.08.2018</i>	Medical record documentation including medical requisition	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>20.08.2018 - 24.08.2018</i>	Participation at the examination of acutely ill patients and dispensary of chronically ill patients	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>
<i>20.08.2018 - 24.08.2018</i>	Medical check-up and immunization including documentation	<i>lek.med. Ziemowit BEZLER specjalista chorób wewnętrznych 9776164</i>



Faculty of Medicine
and Dentistry
Palacký University Olomouc

Dean's Office
Study Department

Agreement on the Provision of a Student Internship

This agreement is concluded between the two parties at the date set out below.

The first party is the Faculty of Medicine and Dentistry of the Palacký University Olomouc
(in the Czech language "Univerzita Palackého v Olomouci, Lékařská fakulta")

An institution of higher education organised and existing under the laws of the Czech Republic, with its registered office at Hněvotínská 3, 775 15 Olomouc, Czech Republic

Duly represented by Prof. MUDr. Milan Kolář, Ph.D.,
Dean of the Faculty of Medicine and Dentistry of the Palacký University, Olomouc

(hereinafter referred to as "the Faculty")

and

The second party

An institution providing health care
organised and existing under the laws of

with its registered office at

Duly represented by

(hereinafter referred to as "the Hospital")

SPZOZ Miejski Szpital Zespólny
w Czeszynie
Województwo łódzkie

Hereby, in accordance with §51 Act 40/1964 of the Coll., the Civil Code, the parties make and enter into this agreement concerning the provision of an internship for the student

Name and surname:

Daria Wiesner

Date of birth:

06.02.1995

Student's personal number:

95020609221

Contact details (telephone / e-mail):

+48-600-056-638

a student in the year of the Faculty of Medicine and Dentistry of the Palacký University, Olomouc

(hereinafter referred to as "the Student")

in the above-specified healthcare facility under the terms and conditions laid down in this agreement, at the workplace:

Department:

Neurology Department

Tutor:

Doc. med. Piotr Konecny

Contact details

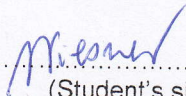
ul. Boży 1/3, Czeszynie

Time period:

14.06.2017 - 04.07.2017

office of the Faculty lies as of the date of the execution of this Agreement.

- 3.3. The agreement has been executed in three copies, each deemed original, with one copy intended for the Hospital and two copies for the Student, who agrees to pass one copy to the Study Department of the Faculty of Medicine of Palacký University, Olomouc.
- 3.4. The contracting parties acknowledge that they have read the present agreement and that it was executed of their free and genuine will, explicitly and comprehensibly, and not under duress or conspicuously disadvantageous conditions, and in witness whereof they attach their respective signatures below.



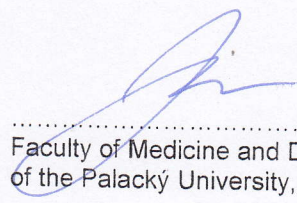
(Student's signature)

Date 14.06.2017

DYREKTOR


Wojciech Konieczny

Hospital


Faculty of Medicine and Dentistry
of the Palacký University, Olomouc

