Translation from Polish to English:

*Date, City:* 15.01.2017, Poznan

*Name and Surname:* Kozubek Krystyna

*Address*: ul. Slowackiego 9/80, 77-400 Zlotow

 Statement

I do agree the use of photography both identifying and non-identifying my personality included in my chart (journal) by dr. Jackowska. I agree the use of information about my health for scientific purposes such presentations for medical students and medical professionals or use in scientific papers.

The collected data are going to be used only for aforementioned purposes. The recipients will be medical students, medical professionals and readers of medical journals. I do agree voluntarily.

Signature