**University of Chemistry and Technology, Prague**

**Department of physical education**

Name: ………………………………….. Date of birth: …………………………….

Surname: ……………………………….. Faculty: …………… Year of study: ……………

 **Request**

 **for exemption from physical education**

I am requasting a release from the compulsory subject Physical Education for the folowing reasons:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

 **Medical doctor’s statement:**

After considering the state of health of the above named, I recommend:

(please circle)

A Release from physical education for whole period of study

B Release from physical education for the period from……………………to……………………

Brief justification …………………………………………………………………………………..

Date: …………………. ………………………………………..

 Medical doctor’s stamp and signature

Head of depatment’s statement: Dean’s statement: