

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 requesting a release from the compulsory subject Physical Education for the following 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 department's statement:

Dean's statement: