**MEDICAL CERTIFICATE**

**of the eligibility to work in a laboratory at the Faculty of Chemistry,**

**Brno University of Technology** duringa short‑time exchange study programme

Student’s name and surname:…………………………………

Date of birth:………………………………………………….

I hereby confirm that abovementioned student/trainee does not suffer from allergy, asthma and epilepsy.

The student/trainee is healthy and able to work in chemical laboratory.

In………………………………….. On…………………………………………..

 ……………………………………………..

 Physician’s name and surname & signature