



## Consent for clients in the laboratory of Optometry

surename \_\_\_\_\_

name \_\_\_\_\_

date of birth \_\_\_\_\_

I read the "Information Sheet for volunteers in the laboratory of Optometry" carefully and understood.

Any questions were answered me unequivocally of the laboratory manager and an employee of the laboratory Optometry.

I hereby agree to participate under the specific conditions on clinical internship in the laboratory of Optometry.

I recognize Provisions on data.

I may withdraw my consent to participate in this clinic at any time without prior notice for any reason without my incurring any disadvantages.

Place \_\_\_\_\_ / Date \_\_\_\_\_ / Signature Family or a / a guardian.

