



ASIAN INSTITUTE OF TECHNOLOGY
CERTIFICATE OF HEALTH FOR AIT-ADMISSIONS
(To be completed by the Examining Physician)



Please fill out (Print / Type) in English

Mr./Mrs./Miss: _____

Male Female Nationality: _____ Date of Birth _____ Age _____ years
date / month / year

1. Does the candidate have any serious/significant/notable health problems in the past?

2. Is the candidate at present in good health and enjoying full working capacity?

3. Is the candidate physically and mentally able to carry out an intensive studying away from his/her home?

4. Dose the candidate have any infactious diseases which could present risks for the candidate or persons with whom he/she will come into contact?

5. Dose the candidate have any conditions or defects which might require treatment during the course?

6. Physical Examination

Height: _____ cm Weight: _____ kg
Blood pressure: _____ mm/Hg Pulse: rate _____ / min Rhythm: regular irregular
Vision: normal impaired Hearing: normal impaired Speech: normal impaired

7. Describe any abnormalities noted. For any additional comments please use the reverse side.

Signature & Date

Physician's Name in Print _____

Office/Institution & Address: _____

AIT Application No. _____
(To be filled by candidate)