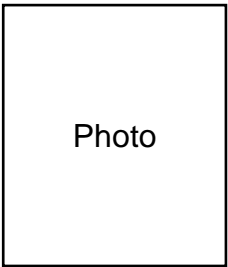




ASIAN INSTITUTE OF TECHNOLOGY
CERTIFICATE OF HEALTH FOR AIT-ADMISSIONS
(To be completed by the Examining Physician)



Please fill out (Print/OR Type) in English

Mr./Mrs./Miss:

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

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

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

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

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

5. Does 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

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)