



ASIAN INSTITUTE OF TECHNOLOGY

CERTIFICATE OF HEALTH FOR AIT- ADMISSIONS

(To be completed by examining physicians
positioned in either a governmental or a private hospital exclusively/
not to be completed by physicians at clinics or health centers)

Photo

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 declared serious/significant/notable health problems in the past?

2. Is this candidate at present in good general appearance and does he or she appear competent for full working/studying capacity?

3. Does this candidate appear to be physically, mentally and emotionally able to carry out an intensive study away from his/her home?

4. Does the candidate have any infectious diseases in an active contagious stage which could present risks for the candidate or persons with whom he or she will come into daily routine contact?

5. Does the candidate have any conditions or defects which may require medical treatment or health surveillance during the study period?

6. Does the candidate have history of allergies or severe past illnesses /accidents?

7. Physical Examination

Height: _____cm Weight: _____kg Blood pressure: _____mm/Hg

Pulse: rate____/min Rhythm: ☐ regular: ☐ irregular: ☐ heart ☐ Lungs ☐ Extremities

8. Please provide additional comments below:

Signature & Date
(Doctors/Physicians)

Physician's Name in Print: _____
Office/Institution & Address: _____

(FOR APPLICANT)

PLEASE READ THE FOLLOWING AND SIGN.

I understand that giving false information regarding my health may result in ineligibility for admission to the Asian Institute of Technology and/or immediate dismissal from the Institute. To the best of my knowledge, I certify that information regarding my health given during the medical checkup is true and correct.

AIT Application # _____ Student Signature _____ Date and Place _____