



**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. 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                      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)