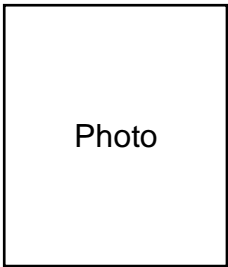




ASIAN INSTITUTE OF TECHNOLOGY CERTIFICATE OF HEALTH FOR AIT-ADMISSIONS

(To be completed by the Examining Physician
positioned in either a governmental or a private hospital exclusively/
not included for 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 capacity?

3. Does this candidate appear to be physically, mentally and emotionally able to carry out an intensive studying 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 might 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: _____

PLEASE READ THE FOLLOWING AND SIGN (For Applicant)

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 _____