



HARSHITA AERONAUTICAL FOUNDATION

“Swadesh Bhawan”, 02 Press Complex, A.B. Road, Indore (MP)-India

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MEDICAL FITNESS FORM

(To be completed by Registered Medical Practitioner holding at least MBBS degree and submitted at the time of admission)

Admission will not be permitted until this form is completed and approved. Corrective treatment and immunization should be done before admission to the institution. Classification of students is based on this report of Physical Examination. It is important that ALL QUESTIONS ANSWERED

1. Name : Surname.....First.....Middle.....
2. AgeHeight.....Inches.....Weight.....Sex.....
3. Eyes:
Distant Vision (Standard test types only)
Colour Vision: Normal/Defective Safe/Defective Unsafe
Normal/Corrected Evaluation Normal/Corrected with glasses
4. Hearing : Clinical Evaluation Normal/Abnormal, Please describe each abnormality.....
5. Blood Pressure Blood Group
6. Head, Face, Neck and Scalp..... Allergy.....
7. Nose and Throat
8. Mouth and Throat
9. Ears (Internal and External Canals)
10. Eyes.
11. Lungs and Chest
12. Heart
13. Vascular System
14. Abdomen And Viscera
15. Skin and Lymphatic
16. Neurologic
17. Psychiatric
18. Should this student be exempted from any form of physical problems?
Explain
19. Have you treated this student for any major physical problems?
Explain
20. Have you treated this student for any major emotional problems?
Explain
21. Is there any evidence of drug abuse or alcoholism?
Explain
22. Immunizations : Tetanus (within two years)..... Polio (date).....
23. Fitness as per normal standard

Signature.....
 Physician's Name.....
 (Print)
 Registration No.....
 Address.....
