



# HARSHITA AERONAUTICAL FOUNDATION

Regd. Office : "Swadesh Bhawan", 02 Press Complex, A.B. Road, Indore (MP)-India

Phone- 0731-4004458, 4043397, Fax : .0731-4005709, Email : hafindia@gmail.com

## 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. Age .....Height.....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.....  
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