

FLYTECH AVIATION ACADEMY

MEDICAL FITNESS CERTIFICATE

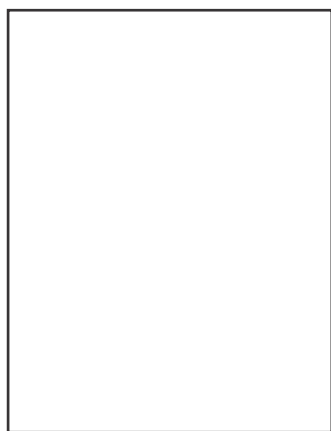
1. Name of Student : _____
2. Son / Wife / Daughter of : _____
3. Permanent Address : _____
4. Temporary Address : _____
- Official Address (if any) : _____
5. (a) Date of Birth : _____
- (b) Age on date of application : _____
6. Identification marks : 1. _____
2. _____

TO BE FILLED IN BY A REGISTERED MEDICAL PRACTITIONER

- i. Does the applicant suffer from any defect of vision ? If so, has it been correct by suitable spectacles? Yes No
- ii. Can the applicant readily distinguish the pigmentary colors, red and green ? Yes No
- iii. Does the applicant suffer from a degree of deafness, which would prevent his hearing the ordinary sound signals ? Yes No
- iv. Does the applicant suffer night blindness ? Yes No
- v. Has the applicant any defect or deformity or loss of motor functions of any limb which would interfere with the efficient performance of his duties as an Aircraft Maintenance Engineer? Yes No
- vi. Blood group and RH Factor of the applicant :

I certify that I have personally examined the student _____

I also certify that while examining the student, I have directed special attention to the distant vision and hearing ability and the condition of arms, legs hands and joints of both extremities of the student and to best of my judgement he is medically fit to work on aircraft.



Signature

1. Name and designation of the medical Officer / Practitioner.

Seal

2. Registration Number of Medical Officer.

Date : Seal and thumb Impression of the Candidate

Note : The Medical Officer shall affix his signature over the photograph so that part of his signature is upon the photograph & part on the certificate.

Document Name	Medical Fitness Form	Document No.	Med 01
Company Name	Flytech Aviation Academy	Revision Status	00
		Effective Date	03.02.2011

