

## MEDICAL CERTIFICATE

(To be provided by a Registered Medical Practitioner holding at least MBBS)

Mr. / Ms. \_\_\_\_\_ whose signature is appended below, has been medically examined for any known disability or disorder which may become an hindrance to perform the normal functions of an Aircraft Maintenance Engineer.

He/She has .....

physical disabilities or disorder / no physical disabilities or disorder.

He/She has been assessed medically fit / unfit to function as an Aircraft Maintenance Engineer.

*(Strike out whichever is not applicable)*

Signature of the Doctor.....

Registration No.

Designation

Signature of the Applicant with date

Date

## MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. \_\_\_\_\_ hereby certify that I have examined Mr. /Ms. \_\_\_\_\_ whose signature is appended below, and certify that his colour vision is Normal/Defective safe/Defective unsafe.

colour vision has been tested with,

Pseudo – Isochromatic plates

Approved Lantern test

Any other test applicable

*( Strikeout whichever is not applicable)*

Signature of the Doctor.....

Registration No.

Designation

Signature of the Applicant with date

Date