Certificate of Medical Fitness

Date: ___ / ____ / 2025

Duly filled by Trainee and checked and Seal Signed Stamped with registration number of Authority for Issuing Medical certificate of Registered Medical Practitioners / Government Medical Officer /Medical Officer of a Government Undertaking.

Student possess good health and physique with a sound mind. [He / She] should not be suffering from any disease, physical and mental infirmity.

Student dose not suffer from a degree of deafness which would prevent hearing the ordinary sound signals.

Student can readily distinguish the VIBGYOR colour's and not suffer from Night Blindness.

Student can distinguish with his/her eyesight with or without eyeglasses/contact lenses/laser corrected eyes, at 25 meters in good day, an object of dimensions 30 CM x 30 CM.

Student needs to have normal colour vision with near visual acuity of 20/30 without correction and distance visual acuity of no worse than 20/70 in each eye, correctable to 20/20. Meet refraction, accommodation and astigmatism requirements—corrective eye surgery should be disclosed if any.

Student Information:

Full Name	
Aadhar No:	

Guardians Information:

Mothers Name:	
Father Name:	

Signature of Student: (Information given is all true)	

Below needs to be filled/verified/signed by Competent Authority for Issuing Medical Certificate Registered Medical Practitioners / Government Medical Officer /Medical Officer of a Government Undertaking, with seal and registration number of the certifying Medical Officer /Practitioner

Medical Information:

Height		
Weight		
Chest		
Vision	Left [ ]	Right [ ]
Colour Vision		
Hearing		
Heart & Lungs		

Remarks:	

I certify that I have carefully examined Sri/Smt. _____ son/daughter of Sri _____ who has signed in my presence. He /She has no mental and physical disease and is fit.

Certifying Medical Officer
legible Seal, Sign and Date

To be submitted by an RPA trainee or Instructor while joining the "Remote Pilot Training Course" to UAV Academy Pvt Ltd