



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर
Indian Institute of Technology Bhubaneswar

MEDICAL EXAMINATION REPORT

(To be issued by a Registered Medical Practitioner with minimum MBBS qualification)

General Expectations

Candidates should have good general physique, In particular,

- a) Chest Measurement should not be less than 70cm, with satisfactory limits of expansion and contraction.
- b) Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6in the better eye.
- c) Hearing should be normal.
- d) Heart and lungs should not have any abnormality and there should be no history of mental illness or epileptics fits.

PERSONAL HISTORY

1. Name _____
 (IN BLOCK LETTERS)

2. Roll No. _____

3. Parent/Guardian's Name _____

4. Date of Birth Date _____ Month _____ Year _____

5. Gender (Put the tick mark) Male Female Transgender

6. Identification mark on the body, if any (This can be a mole, scar or birth mark)

7. Major illness/operation, if any (specify nature of illness/operation)

Date: _____

Signature of the candidate

MEDICAL CERTIFICATE

(The followings are to be filled by the Medical Officer conducting the medical examination)

- 1. Height _____ cm 2. Weight _____ kg
- 3. Past History of (a) Mental Disease _____
(b) Epileptic Fit _____
- 4. Chest (a) Inspiration _____ cm (b) Expiration _____ cm
- 5. Hearing _____ 6. Nervous System _____
- 7. Respiratory System _____
- 8. Heart (a) Sound _____ (b) Murmur _____
- 9. Abdomen (a) Liver _____ (b) Spleen _____ (c) Mass _____
- 10. (a) Hernia _____ (b) Hydrocele _____

The following test reports are required to be enclosed during medical examination

- 1. ECG _____ 2. HBSAg _____
- 3. FBS _____ 4. PPBS _____
- 5. HIV(I&II) _____ 6. Hb% _____
- 7. Chest Xray (AP) _____ 8. Blood Group _____
- 9. Vision with or without glasses
(a) Right Eye _____ (b) Left Eye _____
(c) Colour Blindness _____ (d) Unocular Vision _____
- 10. Any other defects _____

CERTIFIED that Mr./Ms. _____ Son/daughter of Mr./Ms. _____

- (a) Fulfills the prescribed standard physical fitness and is FIT for admission to the academic programme.
- (b) Does not fulfill the prescribed standard of physical fitness and is UNFIT/temporarily unfit for admission due to the following defects _____

Signature of Medical Officer

Date.....

Full Name.....

Medical registration.....

Official seal of Doctor