



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर
INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR
 शैक्षणिक अनुभाग /Academic Section

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 6/6 in 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 birthmark)

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

Date: _____

Signature of the candidate

MEDICAL CERTIFICATE**(The following 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. HBS Ag _____
3. FBS _____ 4. PPBS _____
5. HIV (I&II) _____ 6. Hb% _____
7. Chest X ray (AP) _____ 8. Blood Group _____
9. Vision with or without glasses
(a) Right Eye _____ (b) Left Eye _____
(c) Colour Blindness _____ (d) Unioocular Vision _____
10. Any other defects _____

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

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

Signature of the Medical Officer**Date** _____**Full Name** _____**Medical Registration No.** _____**Official Seal of the Doctor**