**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

**Medical Examination Report for UG Students**

**(to be issued by a Registered Medical Practitioner)**

**PERSONAL HISTORY**

1. Name …………………………………………………………………………………………………….
2. Department ……………………………………………………………………………………………..
3. Entry No ………………………………………………………..........................................................
4. Parent/ Guardian’s Name ……………………………………………………………………………..
5. Age………………………………Years………………………..Months ……………………………..
6. Gender……………………....
7. Identification mark on the body, if any (This can be a mole, scar or birthmark)

…………………………………………………………………………………………………………….

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

………………………………………………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………… ………………………………………………

Left Thumb Impression of the Candidate 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 (a) Mental Disease ……………………………………………………………………...

(b) Epileptic Fit …………………………………………………………………………..

4. Chest (a) Inspiration…….…….….....…………cm (b) Expiration….….……..……..………cm

5. Blood Group……………………………………………

6. Hearing ………………………………………………….

7. Vision with or without glasses

(a) Right Eye………………………………. (b) Left Eye ……………………………………..

(c) Colour Blindness ……………………… (d) Uniocular Vision ……………………………

8. Respiratory system……………………………………………….....................................................

9. Nervous System ………………………………………………………………………………………

10. Heart: (a) Sounds………………………………. (b) Murmur ……………………………………..

11. Abdomen (a) Liver ……………………………… (c) Spleen ………………………………………

12. (a) Hernia ……………………………………….. (b) Hydrocele …………………………………..

13. Any other defects ………………………………………………………………………………………………………………...…………………….....……………………………………………………………………………………...……………………………..…………………………………………………………………………………

Certified that ………………………………………… son/daughter of ………………………………….

1. Fulfills the prescribed standard physical fitness and is FIT for admission to Engineering/ Architecture/ Science Courses
2. Does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit for admission due to following defects ………………………..……………………………………..

………………………………………………………………………………………………………..

1. That the student has been immunized with vaccination for Typhoid, Hepatitis A & B, MMR and Chickenpox. Certificate enclosed.

Signature of Medical Officer

Date: ……………………………………….

Full Name …………………………………………………..

Medical Registration No ………………………………….

Official Seal