

INDIAN INSTITUTE OF TECHNOLOGY ROPAR

PHYSICAL FITNESS CERTIFICATE

(To be issued by a Registered Medical Practitioner not below the name of MBBS)

PERSONAL HISTORY

1. Name.....
2. JAM 2025 Registration No.....
3. Parent/ Guardian's Name.....
4. Age Years Months
5. Sex.....
6. Identification Mark on the Body, if any.....

(This can be a mole, scar or birthmark)

7. Major illness/ surgery, if any.....

(Specify nature of illness/ surgery)

CERTIFICATE

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

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|-----------------------------------|---------------------------|
| 1. Height.....cm | 2. Weight.....kg |
| 3. Past History | 4. Chest |
| a) Mental Disease | a) Inspirationcm |
| b) Epileptic Fit | b) Expirationcm |
| 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 | 11. Abdomen |
| a) Sounds..... | a) Liver..... |
| b) Murmur | b) Spleen |
| 12. a) Hernia..... | |
| b) Hydrocele | |
| 13. Any other defects..... | |

