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| **INDIAN INSTITUTE OF TECHNOLOGY ROPAR** PHYSICAL FITNESS CERTIFICATE |
| **(To be issued by a Registered Medical Practitioner not below the name of MBBS)** |
| **PERSONAL HISTORY** |
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| 1. | Name..………………………………………………………………………………………………..  |
| 2. | JAM 2023 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……………………………………………………………..................any……………………………………………………………………………………… |
|  | (Specify nature of illness/ surgery) |

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| **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) Inspiration ………cm |
|  | b) Epileptic Fit ………………………. |  | 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 | 11. | Abdomen |
|  | a) Sounds…………………………. |  | a) Liver……………….. |
|  | b) Murmur ……………… |  | b) Spleen …………….. |
| 12. | a) Hernia……………………….b) Hydrocele …………………… |  |  |

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