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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) | |
| **CERTIFICATE** |
| (The following are to be filled by the Medical Officer conducting the medical examination) |
| |  |  |  |  | | --- | --- | --- | --- | | 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 …………………… |  |  | |
| 13. Any other defects…………...……………………………………………………………. |