

**INDIAN INSTITUTE OF TECHNOLOGY, ROORKEE
ROORKEE**

MEDICAL EXAMINATION REPORT
(To be issued by a Registered Medical Practitioner)

GENERAL EXPECTATIONS

Candidate will have good general physique with

- (a). Chest Measurement should not be less than 70 cm. With satisfactory limit of expansion and contraction.
- (b). Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes and 6/6 in the better eye.
- (c). Hearing should be normal, defective hearing should be corrected.
- (d). Heart and lungs should not have any abnormality and there should be no history of mental disease or Epileptic fits.

PERSONAL HISTORY

1. Name _____
2. Name of Course of Study _____
3. Parent/Guardian's Name and Address _____

4. Age _____ Years _____ Months _____
5. Sex _____
6. Identification Mark on the Body _____
(This can be a mole, scar or birthmark)
7. Major illness/operation had in the past: _____
(Specify nature of illness/operation)

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_____ c) Colour Blindness_____
- b) Left eye_____ 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_____

Certified that_____

Son of_____

* (a) fulfills the prescribed standard of physical fitness and is FIT for admission to engineering / architecture / sciences / MBA course.
OR

* (b) does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:

(Note: * Score out which is not applicable)

Signature of the Medical Officer

Signature of the candidate

Full Name: _____

Medical Registration No: _____

Official Seal: _____

Date: _____