

**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
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- 4. Age.....Years..... Months.....
- 5. Gender
- 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. WeightKg.
- 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) Unicolor Vision.....
- 8. Respiratory system:
- 9. Nervous system.....
- 10. Heart:
 - a) Sounds.....
 - b) Murmur.....
- 11. Abdomen:
 - a) Liver.....
 - 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 Ph.D. courses.

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)

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Signature of the Medical Officer

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Signature of the candidate

Full Name:

Medical Registration No:

Official Seal:

Date: