



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर  
**INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**  
 शैक्षणिक अनुभाग /Academic Section

**MEDICAL EXAMINATION REPORT**

(To be issued by a Registered Medical Practitioner with minimum MBBS qualification)

**General Expectations**

Candidates should have good general physique, In particular,

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

**PERSONAL HISTORY**

1. Name \_\_\_\_\_  
(IN BLOCK LETTERS)
2. Roll No. \_\_\_\_\_
3. Parent/Guardian's Name \_\_\_\_\_
4. Date of Birth           Date \_\_\_\_\_   Month \_\_\_\_\_   Year \_\_\_\_\_
5. Gender (Put the tick mark)   Male    Female    Transgender
6. Identification mark on the body, if any (This can be a mole, scar or birthmark)  
\_\_\_\_\_
7. Major illness/operation, if any (specify nature of illness/operation)  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of the candidate

**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 of (a) Mental Disease \_\_\_\_\_  
(b) Epileptic Fit \_\_\_\_\_
4. Chest (a) Inspiration \_\_\_\_\_ cm      (b) Expiration \_\_\_\_\_ cm
5. Hearing \_\_\_\_\_      6. Nervous System \_\_\_\_\_
7. Respiratory System \_\_\_\_\_
8. Heart (a) Sound \_\_\_\_\_      (b) Murmur \_\_\_\_\_
9. Abdomen (a) Liver \_\_\_\_\_      (b) Spleen \_\_\_\_\_      (c) Mass \_\_\_\_\_
10. (a) Hernia \_\_\_\_\_      (b) Hydrocele \_\_\_\_\_

**The following test reports are required to be enclosed during medical examination**

1. ECG \_\_\_\_\_      2. HBS Ag \_\_\_\_\_
3. FBS \_\_\_\_\_      4. PPBS \_\_\_\_\_
5. HIV (I&II) \_\_\_\_\_      6. Hb% \_\_\_\_\_
7. Chest X ray (AP) \_\_\_\_\_      8. Blood Group \_\_\_\_\_
9. Vision with or without glasses  
(a) Right Eye \_\_\_\_\_      (b) Left Eye \_\_\_\_\_  
(c) Colour Blindness \_\_\_\_\_      (d) Unioocular Vision \_\_\_\_\_
10. Any other defects \_\_\_\_\_  
\_\_\_\_\_

CERTIFIED that Mr./Ms. \_\_\_\_\_ Son/daughter of Mr./Ms. \_\_\_\_\_

- (a) Fulfils the prescribed standard physical fitness and is FIT for admission to the academic programme.
- (b) Does not fulfil the prescribed standard of physical fitness and is UNFIT / temporarily unfit for admission due to the following defects \_\_\_\_\_  
\_\_\_\_\_

**Signature of the Medical Officer****Date** \_\_\_\_\_**Full Name** \_\_\_\_\_**Medical Registration No.** \_\_\_\_\_**Official Seal of the Doctor**