

CONFIDENTIAL

Medical Examination Report

Medical History and personal particulars of students joining at IIT Tirupati

PART A

(To be filled by the candidate. Part A details should be entered as per the information given in the admission portal)

1. Name of the candidate (in Capitals):.....
2. Qualifying Exam Roll Number:.....
3. Gender:
4. Name of Parent/Guardian:.....
5. Identification Mark (a mole, scar or birthmark), if any
 - i.
 - ii.
6. Major illness/operation, if any (specify nature of illness/operation)

7. Height (in cm)..... Weight in kg:
8. Blood Group:
9. Past History (a) Mental Illness

(b) Epileptic Fit

10. Abuse of substances (if any): Smoking / Alcohol / Drugs / Other (if any)
11. Past Medical/Surgical Treatment: **(If yes, please specify in the relevant information at xiii)**

	No	Yes
i. Allergies/Bronchial Asthma/Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
ii. Abdomen including Urinary Tract	<input type="checkbox"/>	<input type="checkbox"/>
iii. Locomotor system (Spinal/Vertebral column/Joints)	<input type="checkbox"/>	<input type="checkbox"/>
iv. Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>
v. Neurological disorders	<input type="checkbox"/>	<input type="checkbox"/>
vi. Psychological disorders	<input type="checkbox"/>	<input type="checkbox"/>
vii. Sexually-transmitted/Venereal Diseases	<input type="checkbox"/>	<input type="checkbox"/>
viii. Dermatological disorders	<input type="checkbox"/>	<input type="checkbox"/>
ix. Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
x. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
xi. Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>

xii. Thyroid disease

xiii. Other relevant information (If any)

12 Family history of any major illness: **(If yes, please specify in the relevant information at viii)**

	No	Yes
i. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
ii. Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
iii. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
iv. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
v. Ischemic heart diseases	<input type="checkbox"/>	<input type="checkbox"/>
vi. Psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>
vii. Cancer	<input type="checkbox"/>	<input type="checkbox"/>

viii. Other relevant information (If any)

13 Current vaccination Status

(All candidates who do not have adequate active/passive immunity against diseases mentioned below should take these injections/adult booster dose as recommended, just before joining the Institute and the date to be mentioned below):

Vaccination Against Diseases	1 st Injection		Last Booster	
	Date	Yes / No	Date	Yes / No
BCG				
Diphtheria – Tetanus - Poliomyelitis				
Measles, Mumps, Rubella				
Hepatitis B				
Hepatitis A				
Meningitis				
Typhoid				
Chicken Pox				
Influenza Vaccine (H1N1)				

14. Current Treatments/ Medication Details :

15. I declare that all the statements above are true and correct to the best of my knowledge. I fully understand that I am responsible for the accuracy of all statements given.

Candidate's Signature:

Counter signed by Parent/Guardian.....

Date :

Place :

PART-B

(To be filled by the Govt Approved Medical Practitioner. Part B pertains to all students except B.Tech. B.Tech students may attach JoSAA Medical Certificate.)

- 1 Chest (a) Inspiration in cm (b) Expiration in cm.....
- 2 Hearing
- 3 Vision with or without glasses:
 - (a) Right Eye
 - (b) Left Eye
 - (c) Colour Blindness
 - (d) Uniocular vision (having vision in only in one eye).....
- 4 Respiratory System
- 5 Nervous System
- 6 Heart (a) Sound.....
 - (b) Murmur
- 7 Abdomen (a) Liver.....
 - (b) Spleen.....
- 8 Hernia
- 9 Hydrocele.....

10 **INVESTIGATIONS**

- i. Complete blood count Date Result
- ii. Peripheral Smear Study/HB% Date Result
- iii. Blood Group/typing (if not know) Date Result
- iv. HBS Ag Date Result
- v. HIV – I & II Date Result

Signature of the Govt Approved Medical Practitioner

Seal

PART-C

(To be filled by Academic Section, IIT Tirupati)

IIT Tirupati Roll No.....

Institute E mail ID :

Filled in Medical Certificate is forwarded to Health Centre, IIT Tirupati.

Forwarded by:

Name:

Signature: