**Form No: G-1**

**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: ……………….

1. Name of Parent/Guardian:.………………………………………
2. Identification Mark (a mole, scar or birthmark), if any

i. …………………………………………………………………………….

ii. …………………………………………………………………………….

1. Major illness/operation, if any (specify nature of illness/operation)
2. Height (in cm)………………. Weight in kg: ……………
3. Blood Group: ……………….
4. Past History (a) Mental Illness …………………..

(b) Epileptic Fit …………………….

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

**No Yes**

* 1. Allergies/Bronchial Asthma/Tuberculosis
  2. Abdomen including Urinary Tract
  3. Locomotor system (Spinal/Vertebral column/Joints)
  4. Cardiovascular system
  5. Neurological disorders
  6. Psychological disorders
  7. Sexually-transmitted/Venereal Diseases
  8. Dermatological disorders
  9. Hepatitis
  10. Diabetes
  11. Rheumatism
  12. Thyroid disease
  13. **Other relevant information (If any)**

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

**No Yes**

* 1. Tuberculosis
  2. Leprosy
  3. Diabetes
  4. Hypertension
  5. Ischemic heart diseases
  6. Psychiatric illness
  7. Cancer
  8. **Other relevant information (If any)**

1. 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 | 1st 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) |  |  |  |  |

1. **Current Treatments/ Medication Details :**
2. 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:
   1. Right Eye ………………
   2. Left Eye ……………….
   3. Colour Blindness ……….
   4. Uniocular vision (having vision in only in one eye)……………
4. Respiratory System …………………..
5. Nervous System ………………………
6. Heart (a) Sound…………

(b) Murmur ……….

1. Abdomen (a) Liver……………

(b) Spleen………….

8 Hernia ……………………

1. Hydrocele………………….
2. **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: