

MEDICAL EXAMINATION REPORT
(To be issued by a registered medical practitioner)

PERSONAL HISTORY

1. Name.....
2. Designation.....
3. Parent/Guardian's Name.....
4. Parent/Guardian's Contact No.....
5. Date of Birth.....
6. Gender.....
7. Identification Mark on the Body, If any.....
.....
(This can be a mole, scar or birthmark)
8. Major illness/operation, if any.....
(Specify nature of illness/operation)
9. Medication, if any
10. Allergy

Photo to be attested
by Medical Officer

VACCINATION STATUS (Produce Certificates)

- | | |
|---------------------------|-----------------------|
| 1. Typhoid | 3. Chicken Pox..... |
| 2. Hepatitis A and B..... | 4. HIB influenza..... |

MEDICAL CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

- | | |
|------------------------|-----------------------|
| 1. Past History | 4. Chest |
| a) Mental Disease..... | a) Inspiration.....cm |
| b) Epileptic Fits..... | b) Expiration.....cm |
| c) Others..... | c) Examination |
| 2. Height.....cm | 5. Blood Group..... |
| 3. Weight.....kg | 6. ENT..... |

- 7. Vision with or without glasses
 - a) Right Eye.....
 - b) Left Eye.....
 - c) Color Blindness.....
- 8. Nervous system.....
- 9. Heart.....
 - a) Sounds.....
 - b) Murmur.....

- 10. Abdomen.....
 - a) Liver.....
 - b) Spleen.....
- 11. Any other defects

Certified that Mr. /Ms. _____ ward of Shri _____

- a. Fulfills the prescribed standard or physical fitness and is FIT for joining at IISER Berhampur.
- b. Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for joining at IISER Berhampur.

Signature of the Medical Officer
(Minimum qualification MBBS/MD)

Signature of the Candidate

Full Name.....

Medical Registration No.....

Address.....

.....

Office Seal

Date.....