



C-3

INDIAN INSTITUTE OF TECHNOLOGY JODHPUR  
Medical Examination Report

(This portion is to be filled by the Student)

Name of the Student: \_\_\_\_\_  
(in Capital Letters)

JEE Registration Number: \_\_\_\_\_

Age: \_\_\_\_\_, Gender: \_\_\_\_\_

Identification Mark on the body, if any: \_\_\_\_\_  
(This can be a mole, scar or birthmark)

Any Chronic illness/ Operation, if any: \_\_\_\_\_  
(Specify nature of illness/ operation,  
Non-disclosure will result in denial of  
Institute-facilitated treatment)

Date: \_\_\_\_\_ Signature of Student \_\_\_\_\_

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

COLLECTION OF MEDICAL REPORTS FROM THE STUDENT

(Tick whichever is applicable & collected)

- |   |                          |
|---|--------------------------|
| A-1. Hemoglobin Percentage Report           | <input type="checkbox"/> |
| A-2. DLC/ TLC Report                        | <input type="checkbox"/> |
| A-3. ESR Report                             | <input type="checkbox"/> |
| A-4. ABO Typing                             | <input type="checkbox"/> |
| A-5. Urine Report (routine and microscopic) | <input type="checkbox"/> |

(P.T.O.)

## MEDICAL CERTIFICATE

1. Height.....cm

2. Weight.....kg

3. Past History

4. Chest

a) Mental Disease .....

a) Inspiration .....cm

b) Epileptic Fit .....

b) Expiration .....cm

5. Blood Group.....

6. Hearing.....

7. Vision with or without glasses

(a) Right Eye .....

(b) Left Eye .....

(c) Colour Blindness .....

(d) Unocular Vision .....

8. Respiratory system.....

9. Nervous system.....

10. Heart

11. Abdomen

a) Sounds .....

a) Liver .....

b) Murmur .....

b) Spleen .....

12. a) Hemia .....

b) Hydorcele

13. Any other defects .....

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Certificate that .....Son/daughter of .....

a) fulfills the prescribed standard of physical fitness and is FIT for admission to Engineering / Technology Science Programmes

b) does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit for admission due to following defects and reasons

Defects and Reasons:

Date:

Signature of the Medical Officer