



॥ त्वं ज्ञानमयो विज्ञानमयोऽसि ॥

Indian Institute of Technology Jodhpur Office of Students

Old Residency Road, Ratanada, Jodhpur 342011
Phone: (0291) 2449 024; eMail: office_students@iitj.ac.in

Form M1

Blood Test Report

1.	Haemogram	Blood Group :		
		Rh Factor :		
		Hb :		
		TLC :		
		DLC :		
		Platelets Count :		
		RBC :		
2.	Lipid Profile	Serum Cholesterol : mg/dl	S/Triglycerides : mg/dl	
		H.D.L. : mg/dl	L.D.L : mg/dl	
		V.L.D.L : mg/dl	LDL/HDL Ratio:	
		TC/HDL Cholesterol Ratio:		
3.	Hepatic Profile	S.G.P.T : IU/L	S.G.O.T : IU/L	
		Alkaline Phosphatase :		
4.	Renal Profile	Blood Urea:		
		S. Creatinine: mg/dl		
5.	Metabolic	Blood Sugar	Fasting : mg/dl	
			Postprandial (P. P.) : mg/dl	
		S. Uric Acid :		

Signature of Registered Physician
with Date and Seal



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Form M2

Urine Test Report

Sugar	:
Albumin	:
Microscopic	:
Stool	:

Observation or special advice / remarks (if any) :

**Signature of Registered Physician
with Date and Seal**



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Form M3

USG / Sonography Test Report

1.	Whole Abdomen	
2.	Liver	
3.	Spleen	
4.	Any Abdominal Lumps	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
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Form M4

Chest X-Ray Test and Report

1.	Chest Measurement	Inspiration: cm
		Expiration: cm
		Built <input type="checkbox"/> Average <input type="checkbox"/> Strong <input type="checkbox"/> Poor <input type="checkbox"/>
2.	Shape of Chest	
3.	Chest Movements	
4.	Trachea	
5.	Breath Sounds	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
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Form M5

Electro Cardiogram Report

<i>Cardio-Vascular System</i>		
1.	Blood Pressure (BP)	mm of Hg.
2.	Pulse Rate	Regular <input type="checkbox"/> Irregular <input type="checkbox"/>
		Peripheral Pulse: Felt <input type="checkbox"/> Not Felt <input type="checkbox"/>
3.	Heart Sound	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
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Form M6

Examination of Ear, Nose and Throat

1.	External Examination	
2.	Auroscopy	Right <input type="checkbox"/> Left <input type="checkbox"/>
3.	Tuning Fork Tests	Rinnes Test <input type="checkbox"/> Webers Test <input type="checkbox"/>
4.	Conversational Hearing / Whispering	
5.	Audiometry (Air and Bone Conduction)	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
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Form M7

Examination of Eyes

1.	External Examination			
2.	Squint	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.	Nystagmus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.	Eye		Without Glass (Right Eye)	With Glass (Left Eye)
		Near Vision		
		Distant Vision		
		Night Blindness		
	Color Blindness			
5.	Night Blindness (Nyctalopia)			

Observation or special advice / remarks (if any):

**Signature of Registered Physician
with Date and Seal**



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Form M8

Adult Vaccination Record

MMR and *Chicken Pox Vaccinations* are pre-requisites for Registration (unless contraindicated).

A. Vaccination Certificate

<i>Name of Vaccine</i>	<i>Date of Vaccine</i>	<i>Doctor's Signature, Date and Seal</i>
MMR (2 nd after 15 years of age or 2 doses before 15 years)		
Chicken Pox (If there is no history of chickenpox in past)		
Typhoid (one dose after June 2013)		
Hepatitis A and B		

B. Vaccination Exemption Certificate

It is to certify that, Mr/Ms _____ is
suffering from _____ and is on
_____ treatment. Hence, vaccination is contraindicated in
him/her.

Signature of Registered Physician
with Date and Seal