

**CONFIDENTIAL****MEDICAL HISTORY AND PERSONAL PARTICULARS OF STUDENTS  
JOINING IIT KHARAGPUR**

1. Full Name (in capitals).....
2. Roll No.....
3. Name of Parent/Guardian.....
4. Personal : Veg./Non-Veg  
Abuse of substances (if any) : Smoking/Alcohol/Drugs/Any other
5. Past medical/Surgical Treatment:
 

	No	Yes
5.1 Allergies/Bronchial asthma/tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Abdomen including Urinary Tract	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Locomotor system(spinal/vertebral column/Joints)	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Neurological disorders/Psychological disorders	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Sexually-transmitted/Venereal Diseases/Skin	<input type="checkbox"/>	<input type="checkbox"/>
5.7 Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
5.8 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5.9 Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
5.10 Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
6. Family history of any major illness :
 

	No	Yes
6.1 Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Ischemic heart diseases	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>
6.7 Cancer	<input type="checkbox"/>	<input type="checkbox"/>
7. Identification Marks : 1)  
2)
8. Blood group :

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 :

## HEALTH CERTIFICATE

1. Examination by a General Physician (M.D.in General Medicine)

I, Dr..... after examining  
 (with necessary investigations) Mr./Ms.....  
 .....Son/Daughter of Mr./Ms..... Born  
 on.....

**CERTIFY:**

Weight.....kg. Height.....cm. Blood pressure...../.....mm Hg.  
 Girth of Chest: (a) At rest..... (B) After deep inspiration.....  
 Cardiovascular System :  
 Respiratory System :  
 Neurological System :  
 Psychological disturbance : Yes/No If yes, specify.....  
 Past Medical or Surgical Record :  
 Identified allergies :  
 Current treatments :

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 <sup>ST</sup> Injection		Last Booster	
	Date	Yes/No	Date	Yes/No
BCG				
Diphtheria-Tetanus-Poliomyelitis				
Measles, Mumps, Rubella				
Hepatitis B				
Hepatitis A				
Meningitis				
Typhoid				
Chicken pox				

Candidate's Signature : .....



**2. Examination by Ophthalmologist\***

	Acuity of Vision	Far Vision		Near Vision		Colour Vision
		Naked Eye	With Glasses	Naked Eye	With Glasses	
<b>RE</b>						
<b>LE</b>						

\*Latest Optometrist's Recommendations if any to be attached in original.

Remarks/Special recommendation, if any

I, Dr..... have examined (with necessary investigations)  
 Mr./Ms.....Son/Daughter of Mr./Ms .....  
 .....born on ..... and the above  
 information given to the best of my knowledge are correct and true.

Date :

Signature and Seal

Place :

**3. Examination by ENT Specialist\***

	Inspection/hearing	*Audiometry
Right Ear		
Left Ear		

\*Latest Audiometry report to be attached in original.

Remarks/Special recommendation, if any

I, Dr.....  
 Have examined (with necessary investigations) Mr./Ms.....  
 Son/Daughter of Mr./Ms.....  
 born on.....and the above information given to the best of my  
 knowledge are correct and true.

Date:

Signature and Seal

Place:

Candidate's Signature:.....