

भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of HRD, Govt. of India
Mentored by IISER Bhopal

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..... |

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- 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.....