

**MEDICAL HISTORY AND PERSONAL PARTICULARS OF SCHOLARS  
JOINING AT IIT MADRAS**

- 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** : 

	<b>No</b>	<b>Yes</b>
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** : 

	<b>No</b>	<b>Yes</b>
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 : Heart..... Heart Sounds.....

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).

<i>VACCINATION AGAINST DISEASES</i>	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 :.....

**INVESTIGATIONS**

- 1. \*Electrocardiogram Date..... Result.....
- 2. \*Chest X-ray Date..... Result.....
- 3. \*Sonography (whole abdomen) Date..... Result.....
- 4. \*Urine Date..... Result.....
- 5. \*Blood Tests
  - a) Blood Sugar (F/PP) Date..... Result.....
  - b) Urea/Creatinine Date..... Result.....
  - c) Peripheral Smear Study /HB% Date..... Result.....
  - d) Lipid Profile Date.....Result.....
  - e) Blood group/ typing (if not known) Date.....Result.....
  - f) HBS Ag Date..... Result.....
  - g) HIV - I & II Date.....Result.....

**\*All original investigation reports to be attached.**

Remarks/ Special Recommendation, if any:

**Conclusion:** 1. Fit / Unfit to pursue higher education with a very tight academic schedule.

2. Does not suffer from any seizure disorder and he/she is fit for swimming.

**Reason:**

**Date :**

**Signature and Seal**

**Place :**

**Candidate's Signature :.....**

**2. Examination by Ophthalmologist\***

	Acuity of Vision	Far Vision		Near Vision		Colour Vision
		Naked eye	With glasses	Naked eye	With glasses	
R.E.						
L.E.						

\*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 :.....