Form ***06***

***CONFIDENTIAL***

**Medical History and personal particulars of Students joining at IIT Hyderabad**

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.1 | Allergies/Bronchial Asthma/Tuberculosis |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.2 | Abdomen including Urinary Tract |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.3 | Locomotor system (Spinal/Vertebral column/Joints) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.4 | Cardiovascular system |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.5 | Neurological disorders/Psychological disorders |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.6 | Sexually-transmitted/Venereal Diseases/Skin |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.7 | Hepatitis |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.8 | Diabetes |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.9 | Rheumatism |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.10 | Thyroid disease |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. | Family history of any major illness | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **No** | **Yes** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.1 | Tuberculosis |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.2 | Leprosy |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.3 | Diabetes |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.4 | Hypertension |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.5 | Ischemic heart diseases |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.6 | Psychiatric illness |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.7 | Cancer |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 CERTFICATE**

**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):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***VACCINATION AGAINST DISEASES*** | 1st 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 |  |
| 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 :

Place : Signature & Seal

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Inspection / hearing | | | \*Audiometry | | |
| Right Ear |  |  |  |  |  |  |
| Left Ear |  |  |  |  |  |  |

\*Latest Audiometry report to be attached in original.

Remarks / Special Recommendations, 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 :

Place : Signature & Seal

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 | Date ………………………….. | Result ………………………… |
|  | 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 ………………………… |
|  |  |  |  |
|  | \*All original investigation reports (only) to be attached. | | |

Remarks / Special Recommendation, if any:

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

**Reason :**

Date :

Place : Signature & Seal

Candidate’s Signature : …………………………………………………………………………….