



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

Indian Institute of Technology Guwahati
Office of Alumni Affairs & External Relations
Guwahati-781039

Medical Fitness Form for Foreign students to be completed in native country and submitted before their enrollment or internship in IIT Guwahati

1. Full Name (in capital letters).....
2. Registration No.....
3. Roll No.....
4. Course of Study and duration of study..... () YR(S)
5. Hostel Room No.
6. Mobile No..... E-mail Id
7. Insurance

8. Date of Birth	Sex		Marital Status		Joined on	Valid Upto
	M	F	S	M		
Permanent Address and Phone No. of Parents					Address and Phone No. of Local Guardian (if any)	

N.B.: No.2 to 7 to be filled after enrollment/registration

Candidate's Declaration

Following information is gathered for the benefit of the students during the stay in IIT Guwahati campus

1.	Personal history:	<i>Abuse of substance (if any):</i> Yes/No If Yes, <i>Drugs / Alcohol / Smoking</i> (strike out the ones which are not applicable)
2.	Past medical / surgical records: If yes, give details in separate sheet	
3.	Family history of any major illness:: If yes, give details	
4.	Identification Marks:	

5. Recent Vaccination status: (At least one adult booster dose of all these vaccinations are recommended.) VACCINATION AGAINST DISEASES	1st Injection		Last booster	
	Date	Y/N	Date	Y/N
Measles, Mumps, Rubella				
Hepatitis B				
Hepatitis A				
Meningitis				
Typhoid				
Chicken pox				
Malaria Prophylaxis	Taken/ Not Taken			

(6) Examination

Weightkg. height.....cms. BP:.....mm/Hg
Pulse..... Cyanosis..... clubbing Anaemia

Neck gland.....

Neck vein

- Girth of Chest: (i) at rest (ii) after deep inspiration
- Cardiovascular System:
- Neurological System :
- Respiratory System:
- Abdomen :

- | | | |
|-------|-------------------|-----|
| (I). | Electrocardiogram | Y/N |
| (II). | Chest X-ray | Y/N |
| (III) | USG (abdomen) | Y/N |
| (IV) | Urine | Y/N |
| (V) | Blood Tests | Y/N |

a. Blood Sugar (F/PP)	_____ / _____
(VI) Blood Group ABO & Rh	_____
b. Creatinine	_____
c. ESR / HB	_____ / _____
d. Total Cholesterol	_____
e. HBs Ag	_____
f. HIV – I & II	_____ & _____
g. Thyroid	_____

(B) EXAMINATION OF EYES BY OPHTHALMOLOGIST

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

(C) EXAMINATION BY ENT SPECIALIST

Right Ear			
Left Ear			

(D) PSYCHIATRY ASSESSMENT:

Signature of the Psychiatrist

I do hereby declare that all the above information is true to the best of my knowledge.

Candidate's Signature:

Signature of the Parent / Guardian:

Date:

Place

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs./Dr..... has been examined & found to be **fit/ unfit** (strike out the inappropriate) to join Academic programme in IIT Guwahati.

*.Reason for declaring the person unfit_____

Place:
Date:

*SIGNATURE OF THE MEDICAL EXAMINER

*N.B.; Signature of the Medical Examiner should be from the native country of the concerned foreign student.