



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 | |
|------|-----------|------------|--------------|-------------|--------|--------------|----------------------------------|
| | Vision | Naked eye | With glasses | Naked eye | Vision | With glasses | |
| L.E. | | | | | | | Signature of the Ophthalmologist |
| 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.