National Institute of Technology, Tiruchirappalli

Medical Examination Report

Form M1

(To be filled by the student)

1. Name of the Student (in Capital)

   _____

2. Date of Birth: _____ Age: _____ Gender:

   _____

3. Blood group: _____

4. Past medical history:

   _____

   (Include past medical treatments/ailments/diseases/treatments such as Asthma, Allergy, Anxiety/depression, Cancer, Chronic Kidney Disease, Diabetes Mellitus, Epilepsy, Hypertension, HIV/AIDS)

5. Vaccination completed :

   _____

   (Include the completed vaccination shots such as BCG, Hepatitis A/B, MMR (Measles, Mumps, Rubella), Tetanus, Typhoid and Meningitis. If any of these are pending, the student is advised to take the injection/adult booster dose)

6. Contact details of the student

   Phone: _____ E-mail: _____

   Emergency contact Number (Parents/Guardian): _____

   Signature of the Student: _____
   Name:

   Signature of the Parent/Guardian: _____
   Name and relationship:

   Date:

   Place:

National Institute of Technology, Tiruchirappalli

Medical Examination Report

Form M2

(To be issued by a Registered Medical Practitioner)
(Recent medical reports to be presented to the Medical Practitioner by the Student)

i. Name of the Student (in Capital)

_____

ii. Date of Birth: _____ Age: _____ Gender: _____

iii. Medical Examination Report

Height (cm): _____ Weight (kg): _____ BMI: _____

Blood Pressure: _____ Blood glucose: _____

Blood group:___

Anaemia/Vitamin B12/ Vitamin D deficiency: _____

Urea/Creatinine: _____

Vision (Based on eye examination report): _____

ENT examination: _____

Psychological disturbance: _____

Substance use disorder: _____

Ultrasonography Abdomen/Chest X-ray report: _____

Other Systemic Examinations:_____

Physical Disability, if any: _____

Remarks of the medical examiner:

_____

_____

Recommended medical examinations: _____

Certified that Mr./Ms. _____ is (please fill if the student is FIT/UNFIT) _____ for admission to the _____ year course* at National Institute of Technology, Tiruchirappalli.

(*Note: the student is required to maintain a minimum of 75 % attendance for each subject during the course of study)

Name of the Doctor : Signature with Date

Registration Number and Seal