Declaration of prior Medical and Family History of Student joining IIT Madras

1. Full Name (in capitals) …………………………………………………………………………………………………………………………………
2. Roll No. ………………………………………………………………………………………………………………………………………………………
3. Name of Parent/Guardian ……………………………………………………………………………………………………………………………
4. Personal : Veg. / Non-Veg.
5. Identification Marks : 1)
                          2)
6. Blood Group :
7. Past Medical/Surgical Treatment :
   7.1 Allergies/Bronchial Asthma/Tuberculosis
   7.2 Abdomen including Urinary Tract
   7.3 Locomotor system (Spinal/Vertebral column/Joints)
   7.4 Cardiovascular system
   7.5 Neurological disorders/Psychological disorders
   7.6 Sexually-transmitted/Venereal Diseases/Skin
   7.7 Hepatitis
   7.8 Diabetes
   7.9 Rheumatism
   7.10 Thyroid disease
   7.11 Psychiatric disease
8. Family history of any major illness :
   8.1 Tuberculosis
   8.2 Leprosy
   8.3 Diabetes
   8.4 Hypertension
   8.5 Ischemic heart diseases
   8.6 Psychiatric illness
   8.7 Cancer
9. Are there any prior history of substance abuse
   If yes, please specify : Smoking / Alcohol / Drugs / Any Other

We declare that all the statements above are true and correct to the best of my knowledge. We fully understand that we are responsible for the accuracy of all statements given. We will be responsible for any consequence due to our misinformation, if any.

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

Parent/Guardian’s Signature : …………………………………………………………………………………………………………………

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

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):

<table>
<thead>
<tr>
<th>VACCINATION AGAINST DISEASES</th>
<th>1st Injection</th>
<th>Last Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Yes / No</td>
</tr>
<tr>
<td>BCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria - Tetanus - Poliomyelitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typhoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ......................................
    g) HIV - I & II
    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: ........................................................................................................

...4...
2. Examination by Ophthalmologist*

<table>
<thead>
<tr>
<th>Acuity of Vision</th>
<th>Far Vision</th>
<th>Near Vision</th>
<th>Colour Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Naked Eye</td>
<td>With Glasses</td>
<td>Naked Eye</td>
</tr>
<tr>
<td>R.E.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.E.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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*

<table>
<thead>
<tr>
<th></th>
<th>Inspection / hearing</th>
<th>*Audiometry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 : ……………………………………………………………………………..