

MEDICAL EXAMINATION REPORT - 2025
(To be issued by a Class 'A' Registered Medical Practitioner)

PERSONAL HISTORY

1. Name :
2. Registration No :
3. Branch :
4. Parent / Guardian's Name :
5. Age :Years.....Months
6. Sex :
7. Identification Mark of the Body, if any:
(This can be a mole, scar or birthmark)
8. Major illness/ operation, if any :
(Specify nature of illness /operation)

MEDICAL CERTIFICATE

(The following are to be filled by the Class 'A' Registered Medical Practitioner
conducting the medical examination)

1. Height.....cm
2. Weight.....kg
3. Past History
4. Chest
- a) Mental Disease.....
- a) Inspiration.....cm
- b) Epileptic Fits.....
- b) Expiration.....cm
5. Blood Group.....
6. Hearing.....
7. Vision with or without glasses
- a) Right Eye.....
- b) Left Eye.....
- c) Colour Blindness.....
- d) Unocular Vision.....
8. Respiratory system.....
9. Nervous system.....
10. Heart
11. Abdomen
- a) Sounds.....
- a) Liver.....
- b) Murmur.....
- b) Spleen.....
12. a) Hernia.....
- b) Hydrocele.....
13. Any other defects.....

Certified that.....son/daughter
of.....

- a) fulfills the prescribed standard of physical fitness and is FIT for admission to IIST.
- b) does not fulfill the prescribed standard of physical fitness and is unfit temporarily unfit for admission due to following defects.

Signature of the Medical Officer

Signature of the Candidate

Full Name.....

Medical Registration No.....

Date.....

Office Seal

Instructions to students regarding medical procedure at the time of admission to IIST

GENERAL EXPECTATIONS

Candidates should have good general physique, in particular,

- a) Chest Measurement should be not be less than 70 cm, with satisfactory limits of expansion and contraction
- b) Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.
- c) Hearing should be normal. Defective hearing should be corrected.
- d) Heart and lungs should not have any abnormality and there should be no history of mental disease or epileptic fits.
- e) **Should undergo immunization schedule in full and furnish the certificate in the enclosed format signed by Civil Surgeon/Medical Officer of a Government Hospital.**

RECOMMENDED VACCINATION SCHEDULE

1) Varicella (Chicken Pox)

For those who have not had Chicken Pox or the vaccine, 2 doses of the vaccine with an interval of 4 weeks between the doses.

2) Measles, Mumps and Rubella :

Adolescents who did not receive the two-shot course of MMR vaccine, should receive 2 doses 4 weeks apart.

CERTIFICATE OF VACCINATION (TO BE SUBMITTED AT THE TIME OF JOINING)

Name of Vaccine	Date of Vaccination	Doctor's Signature along with seal
MMR		
Chickenpox		

Place:

Signature of the candidate

Date :