

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI – HYDERABAD CAMPUS

Application No.: _____

If a candidate is offered admission, this medical examination report duly signed by a Registered Medical Practitioner has to be submitted to the Admissions Officer on the day of reporting at the respective campuses.

MEDICAL EXAMINATION REPORT

Name of Candidate _____

Son/Daughter of _____

Sex: Male / Female Age _____ years

PAST HISTORY

Tick (✓) appropriate item

Any Allergic disease (Br. Asthma, etc.) Yes / No

Any Drug allergy Yes / No

(If answer is yes, names of drugs: _____)

Any major illness / operation Yes / No

(If answer is yes, give details _____
_____)

FAMILY HISTORY

T.B Yes / No

Asthma Yes / No

Cardiac disease Yes / No

(If answer is yes, give details _____
_____)

GENERAL EXAMINATION

Height _____

Pulse rate _____ Regular / Irregular

Weight _____

Respiration rate _____ B.P. _____

Evidence of Anemia Yes / No

Vision _____

SYST. EXAMINATION

* Respiratory Syst. O.K. / Not O.K.

* Cardiac Syst. O.K. / Not O.K.

* Abdomen O.K. / Not O.K.

* Lymph nodes O.K. / Not O.K.

* CNS (Epilepsy etc.) _____

* Any other significant finding _____

IDENTIFICATION MARKS : _____

BLOOD GROUP : _____

VACCINATION STATUS - HEPATITIS : Yes / No

TYPHOID : Yes / No

(Tick (✓) those against which immunized)

I have examined the above candidate and certify that he/she is fairly robust, his/her constitution is sound, and he/she has no disease, body or mental deformity rendering him/her unfit now, or likely to render him/her unfit in future.

Date _____

Signature _____

Name _____

Rank _____

Regn. Number in the State Medical Council _____

(Seal)