BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI (RAJASTHAN)

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: _

Gender: ☐ Male ☐ Female **Age**_______years

Past History			Family History		
	Yes	No		Yes	No
Any Allergic disease (Br. Asthma, etc.)			T.B		
Any Drug allergy			Asthma		
If answer is Yes, names of drugs:			Cardiac disease		
Any major illness / operation			If answer is yes, give details		
If answer is yes, give details					

GENERAL EXAMINATION

Height: _ _ _ _ _ _ cm/inches **Pulse Rate** _________Regular/Irregular

Weight: _ _ _ _ _ _ Kgs **Respiration Rate**: _ _ _ _ _ _ **B.P.**: _ _ _ _ _ _

Evidence of Anemia: ☐ Yes ☐ No **Vision**: _ _ _ _ _ _

SYST. EXAMINATION

	OK	NOT OK
Respiratory Syst.		
Cardiac Syst.		
Abdomen		
Lymph nodes		
CNS (Epilepsy etc.)		
Any other significant finding		

Identification Marks: **1**. _ **2**. _

Blood Group: _ _ _ _ _ _ _ _ _ _ _

Vaccination Status: ☐ Covid-19 ☐ Hepatitis ☐ Typhoid

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: _

Reg. No. in the State Medical Council: _ _ _ _ _ _ _ _ _ _ _

(Seal)