



Dhirubhai Ambani Institute of Information and Communication Technology

MEDICAL FITNESS FORM¹

1. PERSONAL DETAILS:

Program Name : _____
Application No. : _____
Student Name : _____
Date of Birth : _____
Gender : Male Female Transgender

**²Student's Photo
must be stamped
across and signed
by the Medical
Practitioner**

2. FAMILY HISTORY : Has anyone of your family suffered from Cancer, Diabetes, Tuberculosis, Epilepsy, Mental or Nervous Disease? _____

3. PERSONAL HISTORY:

Are you in good health? _____ Necessary vaccinations done³? Yes/No

Have you ever suffered from any of the following? (Yes/ No)

Rheumatic fever	: _____	Heart Problems	: _____
Stomach or Digestive disorder	: _____	Asthma	: _____
Pleurisy	: _____	Tuberculosis	: _____
Kidney disease	: _____	Jaundice	: _____
Diabetes	: _____	Fits/Fainting	: _____
Nervous or Mental Disease	: _____	Skin Disease	: _____
Marks of Identification	: _____		

(To be filled in by a Registered Medical Practitioner)

4. PHYSICAL EXAMINATION

Height (in cm)	: _____	Weight (in kg)	: _____
General Examination	: _____	Vision defects	: _____
Hearing defects	: _____	Skin disease	: _____
Cardiovascular system	: _____	Respiratory system	: _____
Genito-urinary system	: _____	Nervous system	: _____

5. INVESTIGATIONS⁴

Haemoglobin _____ Blood Group _____
Chest X-Ray _____ Urine Routine _____

6. COMMENTS & RECOMMENDATION:

Signature of the Medical Practitioner : _____
Name of the Medical Practitioner : _____
Registration Number : _____
Seal : _____

Date: _____

1. To certify that the candidate is medically fit to pursue the program at DA-IICT.
2. **Photo must be stamped across and signed by the Medical Practitioner.**
3. The candidate must have taken Chickenpox and Hepatitis B vaccination.
4. **The Institute may ask the candidate to submit the investigations reports.**