



# Dhirubhai Ambani Institute of Information and Communication Technology

## MEDICAL FITNESS FORM<sup>1</sup>

### 1. PERSONAL DETAILS:

Program Name : \_\_\_\_\_  
Application No. : \_\_\_\_\_  
DA-IICT Merit No. : \_\_\_\_\_  
Student Name : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
: \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Sex: Male  Female

Photo<sup>2</sup>

### 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 done<sup>3</sup>? 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	: _____

(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. INVESTIGATIONS<sup>4</sup>

Haemoglobin \_\_\_\_\_ Blood Group \_\_\_\_\_  
Chest X-Ray \_\_\_\_\_ Urine Routine \_\_\_\_\_

### 6. COMMENTS & RECOMMENDATION:

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.**