**NATIONAL LAW UNIVERSITY MEGHALAYA**

**MAYURBHANJ COMPLEX, NONGTHYMMAI, SHILLONG – 793014**

**MEDICAL EXAMINATION REPORT**

(to be issued by a Registered Medical Practitioner)

**General Expectations**

*Candidate should have good general physique. In particular,*

1. *Chest Measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.*
2. *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.*
3. *Hearing should be normal. Defective hearing should be corrected.*
4. *Heart and Lungs should not have any abnormality and there should be no history of mental illness or epileptic fits.*

**PERSONAL HISTORY**

1. Name ……………………………………………………………………………………………………………….……………………………………………

2. Roll No. ………………………………………………………………………………………………

3. Parent/Guardian’s Name ……………………………….………………………………………………………………………………………………

4. Age ………….………... Years …………………… Months 5. Sex ……………………………………

1. Identification mark on the body, if any (This can be a mole, scar or birthmark)

…………………………………………………………………………………………………………………………………….

1. Major illness / operation, if any (specify nature of illness / operation)

…………………………………………………………………………………………………………………………………….

Signature of the Candidate

**MEDICAL CERTIFICATE**

(the following are to be filled by the Medical Officer conducting the medical examination)

1. Height …………………………………………… cm 2. Weight kg

3. Past History (a) Mental Disease ……………………………………………………………………………………………………………….

(b) Epileptic fit ………………………………………………………………………………………………………………………

4. Chest (a) Inspiration …………………………… cm (b) Expiration cm

5. Blood Group …………………………………………………. 6. Hearing ……………………………………………………………….

7. Vision with or without Glasses

(a) Right Eye ………………………………………………… (b) Left Eye ………………………………………………………

(c) Colour Blindness …………………………………. (d) Uniocular Vision ……………………………………….

8. Respiratory System …………………………………………. 9. Nervous System ………………………………………………….

10. Heart (a) Sound …………………………………. (b) Murmur ……………………………………………………………….

11. Abdomen (a) Liver ……………………………………... (b) Spleen ………………………………………………………………….

12. (a) Hernia ………………………………………………………. (b) Hydrocele …………………………………………………………….

13. Any other defects ………………………………………………… …………………………………………………………………………………….

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

1. Fulfills the prescribed standard physical fitness and FIT for admission to Engineering / Architecture / Pharmaceutics / Science Courses.
2. Does not fulfill the prescribed standard physical fitness and is UNFIT / temporarily Unfit for admission due to following defects …………………………………………………………………………………………………………………………………………..

(c) …………………………………………………………………………………………………………………………………………………………………………….

Signature of the Medical Officer Date: …………………………………….

Full Name ………………………………………………………………………………………………….

Medical Registration No. ……………………………………………………..

Official Seal