



NATIONAL APPRENTICE & INDUSTRIAL TRAINING AUTHORITY
INSTITUTE OF ENGINEERING TECHNOLOGY – KATUNAYAKE



REPORT OF HEALTH EXAMINATION TO REGISTRATION OF “NATIONAL DIPLOMA IN ENGINEERING SCIENCES (NDES)” COURSE - 2023 BATCH

FOR OFFICE USE ONLY	
IET Admission No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part A – Should be completed by the student

IET Index Number : Date of Birth :

Name with Initials : Sex : Male / Female

**Part B – For Use of Medical Officer of Government Hospital
 (Form should be completed by MBBS qualified Medical Officer of the Government Hospital and it should be signed and stamped.)**

Height	Weight	Circumference of Chest		Abdominal Measurement		Posture	Use check mark (✓) to indicate normal
		Full Inspiration	Full Expiration	At Navel	At Iliac crest		
Circulation		Respiration	Nervous System				Skin Breast Thyroid
Pulse		Lungs	Are traces of paralysis, Convulsion insanity of inebriety observable?				
Bp			Are knee jerks abnormal?				
Heart			Pupils				
Digestion				Vision		L	R
Teeth - Decayed..... Missing Filled				Visual Acuity: Without glass	
Dentures Gingivitis				With glass	
State of liver, spleen, other abdominal organ whether subject to the Hemorrhoid.				Color vision: Red			
				Green			
Use check mark (✓) to indicate normal		Speech		Clinical test	Scars from operations, injuries?		
Varicose vein		Hearing		Hb%	Urine: Albumin		
Hernia				Blood group	Sugar		
Hydrocele/ Vericocele				Chest x ray			

I certify that I have carried out a full medical examination and based on the result of my examination and on the medical history of the applicant, I recommended that Mr./Miss. is fit / not fit for studies in engineering fields at Institute of Engineering Technology, Katunayake.

Date :

.....
Signature of Medical Officer

Hospital :

Frank:-