



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



REPORT OF HEALTH EXAMINATION TO REGISTRATION OF “NATIONAL DIPLOMA IN ENGINEERING SCIENCES (NDES)” COURSE - 2019 / 2020 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	
Pulse		Lungs	Are traces of paralysis, Convulsion insanity of inebriety observable?					Breast
Bp			Are knee jerks abnormal?					
Heart			Pupils					
Digestion		Teeth - Decayed..... Missing Filled		Vision		L	R	
Dentures Gingivitis		State of liver, spleen, other abdominal organ whether subject to the Hemorrhoid.		Visual Acuity: Without glass	
				With glass	
				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 that my opinion is based on the result of my examination and on the medical history of the applicant.

I am opinion that Mr./Miss. is fit / not fit for studies in engineering fields at Institute of Engineering Technology, Katunayake.

Date :

.....
Signature of Medical Officer

Station

Frank: -