

MEDICAL CERTIFICATE
(to be filled in by a registered medical practitioner only)

Name

| | | | |
|----------|------------|-------------|---------|
| Mr. / Ms | | | |
| | First Name | Middle Name | Surname |

Fathers Name /Guardian's Name

| | | | |
|--|------------|-------------|---------|
| | | | |
| | First Name | Middle Name | Surname |

| | | | | | | | | | |
|---------------|------|--|--|-------|--|--|------|--|--|
| Date of Birth | Date | | | Month | | | Year | | |
|---------------|------|--|--|-------|--|--|------|--|--|

Address

| | | | |
|------|----------|-------|----------|
| | | | |
| City | District | State | Pin Code |
| | | | |

| | | | |
|--|---------------------------------|------------|--------------------|
| Present illness / Past illness / Physical Disability | Is The Applicant suffering from | | |
| | Any Infectious Disorder | yes | No |
| Any known Allergy to Drugs / Foodstuff | Hypertension | Yes | No |
| | Bronchial Asthma | Yes | No |
| History of Taking Drugs for Chronic Disease | Diabetes Mellitus | Yes | No |
| | Epilepsy | Yes | No |
| | Heart Disease | Yes | No |
| Above 45yrs Male /Female | BP | ECG Report | Blood Sugar Report |
| Female | Hb | | |

I have medically examined Mr /Ms_____

on (Date)_____ and found him / Her medically / Mentally fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease

Name of Dr _____ Degree _____ Reg No_____

Signature & Seal

