

Medical Certificate

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

Participant's Name:

Date of birth:

Address:

Does the participant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Blood pressure reading	
Is the participant under medication of any kind? If yes, please mention details.	
Has the participant suffered from any kind of altitude related illness in the past? If yes, give details.	
Overall physical fitness	
Blood group	
Any drug allergies	
Any other information related to the health of the participant that would be useful in emergencies.	

I have medically examined Mr /Ms _____
on (Date) _____ and found him/her fit to undergo a trekking expedition
in the high altitudes of Himalayas. As per history and clinical examination he/she is not suffering
from any chronic disease or any other ailment that can be a deterrent to a trekking expedition.

Name of Dr _____ Degree _____ Reg No _____

Signature and Seal