



## MEDICAL CERTIFICATE

(To be filled in by a registered MBBS practitioner only)

Participant's name	Age	Weight	Height	BMI	Sex

Medical Problem	Yes/No	Any Precaution/Notes
Respiration problem		
Hypertension		
Asthma		
Diabetic		
Any previous injury/accident		
Any infectious disorder		
Any previous illness		
Any operation undergone		
Any history of Epilepsy		
Any history of taking chronic drugs		
Any known allergy to drugs and food		

Blood group : \_\_\_\_\_

Blood pressure reading : \_\_\_\_\_

If there is any other information related to your health that would be useful to us in the case of emergencies, please mention them

\_\_\_\_\_

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. \_\_\_\_\_ Registration No. \_\_\_\_\_

**Signature and Seal**

\*This document has to be printed, filled in, signed and handed over to the **camp leader** at the base camp.