

Medical Certificate

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

Participant's Name:

Date of birth:

Blood group:

Medical conditions	Comments
Does the participant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Is the participant under medication of any kind? If yes, please mention details.	
Respiratory rate at rest	
Blood pressure reading	
Overall physical fitness	
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.

Doctor's Name:

Degree:

Signature and Seal

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

