

MEDICAL CERTIFICATE***To be filled in and signed by a registered medical practitioner only****This document has to be filled in, signed and handed over to your Muhaan Trek Leader at the base camp*

Participant's Name:

Height:

Age:

Weight:

Blood group:

BMI:

Medical Details	Comments
Does the participant suffer from any chronic illness? <i>If yes, please mention details</i>	
Is the participant under medication of any kind? <i>If yes, please mention details</i>	
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



PERSONAL MEDICAL CERTIFICATE

This document has to be filled in, signed and handed over to your MuhaanTrek Leader at the base camp

	Medical Details	Comments
1.	Any previous illness - past 3 months If yes, mention the nature and duration of illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Any previous injuries – past 6 months (accident / sprain / fracture etc. If yes, what is the present condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Any operation undergone – past 6 months If yes, mention the nature and result of the operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you under medication of any kind? If yes, please mention details & medicines being taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have any drug or food allergies? If yes, please mention details	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you have any experience with high altitude treks? (If yes, please mention the name of the trek and altitude gained)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Any previous illness - past 3 months If yes, mention the nature and duration of illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Did you encounter any altitude related problems on your previous trek? If yes, please mention details	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have any history of breathlessness	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you have any history of chest pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever suffered from Asthma or Pleurisy	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Any history of giddiness or fainting attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Any history of Epilepsy or any other fits	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.	Any history of palpitations	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Any other information related to your health that would be useful to us in the case of emergencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Any other information related to your health that would be useful to us in the case of emergencies	

I (name)_____ certify that the information mentioned above is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to Indiahikes which will be useful to them in the case of an emergency

Signature:

Place:

Date: