

MEDICAL CERTIFICATE

To be filled in and signed by a registered medical practitioner only



Participant's Name:

Height:

Age:

Weight:

Blood group:

BMI:

Medical Details	Comments
Does the participant suffer from any chronic illness? 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