

**Medical Certificate (to be filled in by a registered medical Practitioner only)**

1- Participant' Name -----

2- Date of birth -----

3- Address -----

Does the participant suffer from any chronic disease like?

Diabetes Mellitus' Bronchial Asthma, Epilepsy, Heart..

Problem etc? if yes , please mention Details..

Blood pressure reading -----

Is the participant under medication of any kind? if yes, please Mention Details -----

Blood Group -----

Your 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. / Mrs. -----

On Date \_\_\_\_\_ and found him/her fit to undergo a trekking or Expedition, School Tour, in the high altitude of Himalayas. As per history and Clinical Examination he/she is not suffering from any chronic disease or any ailment that can be a deterrent to a trekking expedition.

Name of Dr \_\_\_\_\_ Degree \_\_\_\_\_ Reg No \_\_\_\_\_

Singnature and Seal \_\_\_\_\_