

Medical Certificate

Name

Mr. / Ms			
	Surname	First Name	Middle name

Fathers Name /Husband's name

	Surname	First Name	Middle Name

Date of Birth	Date			Month			Year		
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Address									
City	District	State	P Code						

Present illness / Past illness / Physical Disability	Is The Applicant suffering from		
	An Infectious Disorder	yes	No
Any known Allergy to Drugs / Foodstuff	Hypertension	Yes	No
	Bronchial Asthma	Yes	No
History of Taking Drugs for Chronic Disease	Diabetes Mellitus	Yes	No
	Epilepsy	Yes	No
	Heart Disease	Yes	No
Above 45yrs Male /Female	BP	ECG Report	Blood Sugar Report
Female	Hb		

I have medically examined Mr. /Ms _____

on (Date) _____ and found him / Her medically / Mentally fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease

Name of Dr. _____ Degree _____ Reg. No _____

Signature & Seal