

## **MEDICAL CERIFICATE**

### **Name**

Mr / Ms			
	Surname	1 <sup>st</sup> Name	Middle name

### **Fathers Name /Husband's name**

	Surname	1 <sup>st</sup> name	Midle Name

Date of Birth	Date			Month			Year		
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