

Medical Certificate

(To be filled in by a registered medical practitioner only)

Participant's Name:

Age:

Blood group:

Weight:

Medical conditions	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 helpful in case of emergencies.	

I have medically examined Mr /Ms _____ on
(Date) _____ and found him/her fit to undergo an 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 expedition.

Doctor's Name:
Signature and Seal

*This document has to be printed, filled in, signed and handed over to the tour leader on the day of arrival for your expedition or scanned PDF can be shared beforehand.