



Personal Medical Record

Personal details

Name: _____

Age: _____

Height (in meters): _____

Weight (in kgs): _____

BMI (kgs/metres²): _____

1. Any previous illness - past 3 months (mention the nature and duration of illness)

2. Any previous injuries – past 6 months (accident/sprain/fracture, etc.)

Present condition _____

3. Any operation undergone – past 6 months (mention the nature and result of the operation)

4. Are you under medication of any kind? If yes, please mention details & medicines being taken

5. Do you have any drug allergies?

6. Do you have any history of breathlessness (Yes/No): _____

7. Do you have any history of chest pain (Yes/No): _____

8. Have you ever suffered from Asthma or Pleurisy (Yes/No): _____

*This document has to be printed, filled in, signed and handed over to the tour leader before trip begins.



9. Any history of giddiness or fainting attacks (Yes/No): _____

10. Any history of palpitations (Yes/No): _____

11. Any history of dysentery or jaundice (Yes/No): _____

12. Any history of recurring pain in the abdomen (Yes/No): _____ If

there is any other information related to your health that would be useful to us in the case of emergencies, please mention them below.

I _____, certify that the information mentioned above is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to Indiahikes which will be useful to them in the case of an emergency.

Place:

Date:

Signature

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