

CERTIFICATE OF MEDICAL FITNESS

** This document is to be taken seriously and is to be filled in my registered medical practitioners only

** In case of any medical emergencies, details entered in this certificate will be referred to for first aids

** In case of any medical emergencies, details entered in this certificate will be considered final.

| Generic Information | | | |
|---|--|------------------------------|--|
| Full Name: | | Age: | |
| Height: | | Weight: | |
| Blood Group: | | Blood Pressure: | |
| Pulse Rate (at rest) | | Haemoglobin Count: | |
| Allergic to Sulpha? | | Other drug allergies if any: | |
| Does the participant suffer from any chronic? If yes, please mention details. | | | |
| Allergic to any food item? | | | |

| Emergency Specific | |
|--|--|
| Previous Exposure to High Altitude (mention altitude) | |
| Did you face any problems on your previous exposure to high altitude? (mention problems faced in brief detail) | |
| Any history of breathlessness / Asthma? If yes, when was the last time you were breathless and how chronic? | |
| Any Lung infection history? If yes, what and when? | |
| Any History of Cardiac Attack? If yes, when was the last attack? | |
| Any bone or muscle injury? If yes, what is the current status? | |
| Any other information related to the health of the participant that would be useful in emergencies. | |

I have medically examined Mr /Ms _____ on (Date) _____ and found him/her fit to undergo a trekking expedition in the high altitudes beyond 2000 meters.

Name of Dr _____

Degree _____

Reg No _____

Signature and Seal