

**Subject: Beas Kund Trek Manali - 2018.**

**MEDICAL CERTIFICATE**

(Of suitability and fitness for high altitude trekking)

**A) To be filled by you, the participant:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact Number (Parent's/ Guardian's): \_\_\_\_\_

Height: (cms) Weight: (kg) Blood Pressure: \_\_\_\_\_ mmHg Pulse: \_\_\_\_\_ bts/min

Blood group: \_\_\_\_\_ Rh Typing: \_\_\_\_\_

Please attach one recent (within a week prior to travel date) Complete Blood Count Report

**B) Tick the correct box:**

AILMENTS	YES	NO
Hypertension		
Chronic Obstructive Pulmonary Disease		
Asthma		
Diabetes Mellitus		
Heart Disease		
Epilepsy		
Backache/ Spinal injury		
Any Altitude Sickness		
Drug/ food / other Allergy (if yes, please mention in details)		
Any recent surgery (within the last three months, is yes then details)		

**C) Any other information related to health of the participant that would be useful in emergencies:**

Signature of Participant: \_\_\_\_\_

Signature of Parent: (Father's) \_\_\_\_\_

(Mother's) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**D) To be filled in by a registered medical practitioner**

I, the undersigned has examined, \_\_\_\_\_ and have found her/him to be fit for moderate to high altitude trekking

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Should be within a week prior to travel date)

