

Medical Fitness Certificate

Applicant Name:

Date of Birth:

Blood Group	
Height	
Weight	
Pulse rate at rest	
Blood Pressure Diastolic / Systolic	
Does the applicant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Any other disease diagnosed in the past	
Is pacemaker implant	
Is the applicant under medication of any kind	
Overall physical fitness	

I have medically examined the aforementioned applicant and found him/her fit to undergo outdoor adventure activity, trekking expedition with gradual high altitude exposure in the Himalayan region.

Name of the physician:

Degree:

Regd No.

Date of examination:

Place:

Signature & Seal