**Medical Certificate**

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

Participant’s Name:

Height:

Age:

Weight:

Blood group:

BMI:

|  |  |
| --- | --- |
| **Medical Conditions** | **Comment** |
| Does the participant suffer from any chronic? 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 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 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 a trekking expedition.

**Doctor’s Name:**

**Degree:**

**Signature and Seal**