



Medical Certificate

Personal Information (to be filled by participant)

Name			
Age		Gender	
Height		Weight	
Blood Group			
Emergency Contact No	1)	2)	
Aadhar No			

Medical Certificate (to be filled in by a registered medical practitioner only)

I have medically examined

Mr/Ms _____

on __/__/____ and found him/her fit to participate in high altitude trekking camps in Himalayan region. As per medical 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 camp.

Remarks:

Doctor's Name _____

Registration No _____

Signature & Seal

(This medical certificate is to be carried in hardcopy by the participant on arrival at the basecamp)

