

MEDICAL CERTIFICATE

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

	Age	Weight	Height	BMI	Sex
Medical Problem		Yes/No	Any Precaution/Notes		
Respiration problem					
Hypertension					
Asthma					
Diabetic					
Any previous injury/accident					
Any infectious disorder					
Any previous illness					
Any operation undergone					
Any history of Epilepsy					
Any history of taking chronic drugs					
Any known allergy to drugs and foo	od				
Blood group :	lated to vo			to us in the cas	
If there is any other information relemengencies, please mention them	-				
I have medically examined Mr /Msand found him/he Himalayas. As per history and clinic	er fit to und	ition he/she is	not suffering fro	he high altitude	
I have medically examined Mr /Msand found him/he	er fit to und	ition he/she is	g expedition in t	he high altitude	

Signature and Seal

^{*}This document has to be printed, filled in, signed and handed over to the **camp leader** at the base camp.



 $\frac{\text{No objection certificate}}{\text{(to be filled by participants/by parent if participant is <18 yr.)}}$

I,
Signature of Participant :
Date:
Emergency Contact Information
Name of family member :
Relationship with emergency contact:
Mobile number of emergency contact:

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