



Medical Certificate

Participant's name	Age	Weight	Sex	ID (Pan card/DL/Aadhar)

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 food			

Blood group : _____ Blood pressure reading : _____

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.

Name of Dr _____ Degree _____ Reg No _____

Signature and Seal

No objection certificate (to be filled by participants)

I, _____, hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. The above mention information is correct and authentic. I do hereby release and forever discharge from all claims, demands, actions or cause of action arising out of damage, serious physical injuries and fatal accidents to myself while participating in the adventure event. I will not hold Kailashrath Treks wholly or partly responsible in case of any accident, illness, injury or death on the trek.

I also acknowledge to the rules and regulations of the company and the base camp. I promise to abide by them accordingly.

Signature of Participant :

Date :

Emergency Contact Information

Name of family member :

Relationship with emergency contact:

Mobile number of emergency contact: