

MEDICAL FITNESS CERTIFICATE

Address of participant: _____

Signature of participant: _____

This is to certify that I have examined Shri/Smt _____ today and found that he/she is physically fit to undertake the high altitude trekking expedition in the Himalayas. He/she does not suffer from any serious ailments related to the heart, breathing, blood pressure, diabetes etc. His/her blood group is _____.

(Name, signature and seal of the
medical authority)

NOTE:

- All participants must have sound health, normal vision and hearing abilities.
- Participants should not be suffering from any infectious diseases.

ANY OTHER RELEVANT INFORMATION/REMARKS THE DOCTOR WISHES TO GIVE: