



THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No: 205, I Floor, Kanteerava Sports Complex-2

Kanteerava Stadium Premises, Kasturba Road, Bengaluru - 560 001

E: info@kmaindia.org W: www.kmaindia.org

FB: www.facebook.com/kmaindia

MEDICAL CERTIFICATE

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

PARTICIPANT'S NAME	
DOB & AGE	
BLOOD GROUP	
ADDRESS	

Does the participant suffer from any chronic diseases like Diabetes, Asthma, Epilepsy, migraine, cardiac or pulmonary issues. If so, give details thereof	
Sight and hearing abilities	
Is the participant under medication of any kind, If so details thereof	
Is the participant allergic to any drugs	
BP Reading as on the date of issue of certificate	
Overall physical fitness	
Any other comment related to the participants health	
Has the participant suffered from any altitude problems in the past. If so, details thereof (As declared by the participant)	

I have medically examined Mr./Ms. _____ on this day and find him/her physically fit to undertake a high altitude trek in the Himalayas. As per declared history and clinical examination, he/she, subject to the above, does not suffer from any other chronic or physical ailment that can prove to be a deterrent to participate in the expedition.

Name of Doctor _____ Degree _____ Regn. No _____

Signature and Seal