



THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No: 205, I Floor, Kanteerava Sports Complex-2
Kanteerava Stadium Premises, Kasturba Road, Bengaluru - 560 001

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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