



GIRIPREMI
ADVENTURE
FOUNDATION

**GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING
GIRIPREMI ADVENTURE FOUNDATION**

Email: gafpune@gmail.com; gimpune@gmail.com || Website: www.ggim.in

Phone No. 9890499955 / 8975398886 / 9769302934

Medical Fitness Certificate *(To be filled in by MBBS/MD/MS)*

Name		Photo of Participant
Age		
Height		
Weight		
Blood Pressure		
Blood Group		

Is applicant suffering from any diseases/ illness/accident related to

Coronary/ heart	Yes	No		Pulmonary	Yes	No	
Bone	Yes	No		Vision	Yes	No	
Psychological	Yes	No		Dental	Yes	No	
Asthma	Yes	No		Diabetes	Yes	No	
Allergies	Yes	No		Blood Pressure	Yes	No	

Space for writing any specific finding or advise

This is to certify that Mr/Ms _____ is physically and mentally found fit on his/her examination, to undergo above mentioned adventurous mountaineering activity.

Signature of the Medical Doctor	Date	Full name/address/Reg.No/Seal