

## Medical Certificate

**Applicant Name:**

**Date of Birth:**

**Address:**

Blood pressure reading	
Is the applicant under any medication? If yes, please mention details.	
Has the applicant suffered from any kind of altitude sickness in the past? If yes, please mention details.	
Overall physical fitness	
Blood Group	
Any drug allergies	
Any other observations	

I have medically examined Mr/Ms... ..on

(Date)..... and found him/her fit to undergo a Trekking in high altitude areas and in mountains and as per history and clinical examination he/she is not suffering from any chronic diseases

**Name of Dr.....**

**Reg No.....**

**Signature & Seal**