

# MEDICAL CERTIFICATE

(To be filled in by a Registered Medical Practitioner only)

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ of \_\_\_\_\_

Address: \_\_\_\_\_

Does the participant suffer from any chronic diseases such as <b>Diabetes Mellitus, Bronchial Asthma, Epilepsy</b> , or heart problems? If yes, please provide details:	
<b>Blood pressure</b> reading:	
Is the participant <b>taking</b> medication of any kind? If yes, please provide details:	
Has the participant suffered from any kind of altitude illness in the past? If yes, give details:	
Overall physical fitness:	
Blood group	
Any drug allergies:	
Any other health-related information that would be useful in an emergency:	

I \_\_\_\_\_ have \_\_\_\_\_ medical \_\_\_\_\_ examined \_\_\_\_\_ Mr. /Ms: \_\_\_\_\_

On (Date): \_\_\_\_\_ and found him/her fit to undergo the **KAILASH MANASAROVAR YATRA** at high altitude. Based on their medical history and clinical examination, he/she is not suffering from any chronic disease or other ailment that **would be a deterrent** to a high-altitude trekking expedition.

Name of Dr .: \_\_\_\_\_

Registration No. \_\_\_\_\_

