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

Participant’s Name:          Height:
Age:                          Weight:
Blood group:                 BMI:

<table>
<thead>
<tr>
<th>Medical conditions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the participant suffer from any chronic illness?</td>
<td></td>
</tr>
<tr>
<td>If yes, please mention details</td>
<td></td>
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<tr>
<td>Is the participant under medication of any kind?</td>
<td></td>
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<tr>
<td>If yes, please mention details.</td>
<td></td>
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<tr>
<td>Respiratory rate at rest</td>
<td></td>
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<tr>
<td>Blood pressure reading</td>
<td></td>
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<tr>
<td>Overall physical fitness</td>
<td></td>
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<tr>
<td>Any drug allergies</td>
<td></td>
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<tr>
<td>Any other information related to the health of the</td>
<td></td>
</tr>
<tr>
<td>participant that would be useful in emergencies.</td>
<td></td>
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</tbody>
</table>

I have medically examined Mr /Ms_______________________________________________ on (Date)__________________________and found him/her fit to undergo a trekking expedition in the high altitudes of Himalayas.

As per history and clinical examination he/she is not suffering from any chronic disease or any other ailment that can be a deterrent to a trekking expedition.

Doctor’s Name:

Degree:                                              Signature and Seal

*This document has to be printed, filled in, signed and handed over to the trek leader at the base camp.*
Personal Medical Record

**Personal details**

Name: 
Age: 
Height (in meters): 
Weight (in kgs): 
BMI (kgs/metres\(^2\)): 

*Online BMI calculation tools are easily available*

1. Any previous illness - past 3 months (mention the nature and duration of illness)

________________________________________________________________________
________________________________________________________________________

2. Any previous injuries – past 6 months (accident/sprain/fracture, etc)

________________________________________________________________________
________________________________________________________________________

Present condition

________________________________________________________________________

3. Any operation undergone – past 6 months (mention the nature and result of the operation)

________________________________________________________________________
________________________________________________________________________

4. Are you under medication of any kind? If yes, please mention details & medicines being taken

________________________________________________________________________
________________________________________________________________________

5. Do you have any drug allergies?

________________________________________________________________________

________________________________________________________________________

*This medical certificate has to printed, filled in and handed over to the trek leader at the base camp.*
6. Do you have any previous exposure to high altitude treks? (If yes, please mention the name of the trek and altitude gained)

__________________________________________________________________________

7. Did you encounter any altitude related problems on your previous trek?

__________________________________________________________________________

8. Do you have any history of breathlessness (Yes/No): ___________________________

9. Do you have any history of chest pain (Yes/No): ___________________________

10. Have you ever suffered from Asthma or Pleurisy (Yes/No): ___________________

11. Any history of giddiness or fainting attacks (Yes/No): _________________________

12. Any history of Epilepsy or any other fits (Yes/No): ___________________________

13. Any history of palpitations (Yes/No): _______________________________________

14. Any history of dysentery or jaundice (Yes/No): _______________________________

15. Any history of recurring pain in the abdomen (Yes/No): ________________________

If there is any other information related to your health that would be useful to us in the case of emergencies, please mention them below.

__________________________________________________________________________

__________________________________________________________________________

I ____________________________________________________, certify that the information mentioned above is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to Indiahikes which will be useful to them in the case of an emergency.

Place: 

Date: 

Signature

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