



Chuchura Padatik  
High Altitude Trek Solution  
Regn No. 0917P850623143232

## Medical Fitness Certificate

Name of the Trek / Trip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Aadhaar Number: \_\_\_\_\_ Address: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Blood group: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ BMI: \_\_\_\_\_ Pulse rate: \_\_\_\_\_

Any Drug allergies:	
Is there a pacemaker implant?	
Has undergone any form of cardiac surgery?	
Assure you have taken Titback Injection recent:	
Does the participant suffer from any chronic disease like Diabetes, Bronchial Asthma, Heart Disease, Epilepsy, Osteoporosis, Cancer, Stroke, Arthritis etc. If yes, please mention in Details:	
Is the participant under any kind of medication? If yes, please mention in Details:	
Vertigo	
Overall fitness:	
Any other information regarding the health of participant, that would be useful in emergencies:	

### (TO BE FILLED IN BY A REGISTERED MEDICAL PRACTITIONER ONLY)

This is to certify that Mr./Ms. \_\_\_\_\_ has been examined by me on Date \_\_\_\_\_ Based on the clinical examination, relevant investigations and the information furnished by the applicant, it is concluded that he/she is in good health and fit to undertake the trekking/expedition in the high altitude of Himalayan Mountains and no evidence of any medical condition was found that would preclude him/ her from engaging in the above-mentioned activity.

Name of Doctor: \_\_\_\_\_

Designation: \_\_\_\_\_ Reg No: \_\_\_\_\_

Signature with Seal

\_\_\_\_\_