

Medical Certificate

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

Participant's Name:

Height:

Age:

Weight:

Blood group:

BMI:

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

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.



INDIAHIKES
The Indian Trekking Community

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Personal Medical Record

Personal details

Name:

Age:

Height (in meters):

Weight (in kgs):

BMI (kgs/metres²):

*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?

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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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