

Medical Certificate

Name			
Age / Gender	/	Height	
Weight		Chest Expansion	
Pulse Rate		Blood Pressure	

Respiration Rate at Rest	
Condition of Upper limbs, Toes and Feet	
Eyes/ Ears/ Throat	

In my opinion Mr. / Ms. _____, whose signature is given below is fit to undergo the rigors of High Altitude Trekking.

Signature of the Participant	Signature of the Medical Officer with Seal
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Registration number of the council	
Dated	
Place	
Tel / Mobile. No.	