



**Medical Certificate**

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

Participants Name:

Height:

Age:

Weight:

Blood Group:

BMI:

Does the participant suffer from chronic illness?

If yes please mention details:

Is the participant taking any prescribed medication? If yes , please mention details:

Respiratory rate at rest:

Blood pressure reading:

Blood Count Variations if any?

Any drug allergies:

Overall Physical condition/deformities?

Any other information related to the health of the participant that would be useful in emergencies:

I have medically examined Ms. /Mr. \_\_\_\_\_ on \_\_\_\_\_ and found her / him fit to undertake a high altitude trek in the Himalayas.

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

**Doctor Name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

\_\_\_\_\_  
**Signature and Seal**

**Date:** \_\_\_\_\_

(This document has to be completed, signed and handed over to the RHTE trek leader)