MEDICAL CERTIFICATE

(To be filled by a registered Medical Practitioner only)

Name: Mr./Mrs./Ms._____

(Surname) (1st Name) (Middle name)

Fathers/ Husband's name:_____

(Surname) (1st name) (Middle name)

Date of birth: Date : _____ Month: _____ Year: _____

Address: _____

City: _____ District: _____ State: _____ Pin code: _____

Present illness / Past illness / physical Disability	Is the Applicant suffering Form		
	An infectious disorder	Yes	No
Any known Allergy to Drugs	Hypertension	Yes	No
	Bronchial asthma	Yes	No
History of taking Drugs for chronic Diseases	Diabetes Mellitus	Yes	No
	Epilepsy	Yes	No
	Heart disease	Yes	No

Above 45 years Male/Female	BP	ECG	Blood Sugar Report
Female	HB		

I have medically examined Mr. / Mrs. / Ms. _____

On (date)_____ and found him/her medically/mentally fit to undergo.

A TREKKING EXPEDITION / KAILSH MANASAROVER YATRA in high altitude areas and in the mountains and as per history and clinical examination he/she/ is not suffering from chronic disease.

Name of Dr. _____Degree _____ Regn no_____

Date & Seal Signature of medical Officer