



PERSONAL MEDICAL RECORD

Name

Height (in meters)

Age

Weight (in kgs)

1. Any previous chronic illness/surgeries that can affect your participation?

(eg – diabetes, asthma, epilepsy, fits, jaundice etc)

2. Are you under medication of any kind? If yes, please mention details & medicines

3. Do you have any allergies? (Yes/No). If yes, details

4. Do you have any previous exposure to high altitude treks? (If yes, mention the treks)

5. Did you encounter any altitude related problems on your previous trek?

(nausea, breathlessness, fatigue, headache, chest pain)

6. How would you rate yourself in terms of fitness? (not fit, moderately fit, very fit)

7. 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 the trek leader which will be useful to him / her in the case of an emergency.

Place:

Date:

Signature:



MEDICAL CERTIFICATE

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

Name

Height (in meters)

Age

Weight (in kgs)

Blood group

BMI

Medical Conditions

Heart Rate at rest _____

Respiratory rate at rest _____

Blood pressure reading _____

Overall physical fitness _____

Drug allergies _____

Other information related to the health of 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 medical certificate has to be printed, filled in and handed over to the trek leader before the trek.