

UTTARAKHANDBOOK MEDICAL CERTIFICATE

BASIC INFORMATION

Name: _____ Height(CM): _____

Age: _____ Weight(KG): _____

Gender: _____ BMI: _____

Blood Group: _____ Date of Birth: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS(YES/NO). If YES please mention details.

1. Do you suffer from any chronic illnesses or disease (for eg, diabetes, hypertension)?
2. Have you had any illnesses or injuries in the past one month? (Knee injuries, ligament tears, sprains, fractures etc)
3. Have you ever undergone any surgeries or procedures in your life? If yes, please men on details of the same and when you had them.
4. Are you under any medication on or therapy for any physical or mental issues of any kind?
5. Do you have any history of neurological problems (eg, seizures etc)?
6. Do you have any history of lung disorders, breathlessness, asthma?
7. Do you have any history of any pre-existing heart condition?
8. Do you have any family history of heart conditions (first degree relatives)?
9. Any history of palpitations, chest pain, faint ng, giddiness?
10. Any history of recent gastrointestinal infection on, dysentery, jaundice?
11. Do you smoke? If yes, how many a day?
12. Any history of drug/food allergies, or food intolerances (eg, gluten intolerance)?
13. Have you done any high-altitude treks before? If yes: Did you have any of the following symptoms:

Headache

Weakness

Vomiting

Nausea

Dizziness

Disturbed sleep

I have elicited a detailed history and conducted a virtual/ in-person assessment of

Mr/Mson date

and found him/her fit to undergo a trekking expedition in the high altitudes of the Himalayas.

As per the detailed history provided to me, he/she does not suffer from any ailment that can be a deterrent to a trekking expedition.

NAME OF PHYSICIAN:

Date:

MEDICAL COUNCIL
REGISTRATION NUMBER:

SEAL WITH SIGNATURE: