



Participant Medical Form

To be completed by physician

Applicant Name: _____

Date of birth: _____

Address: _____

Blood group	
Blood pressure reading	
Any drug allergies	
Is the applicant under medication of any kind? If yes please mention details.	
Has the applicant suffered from any kind of altitude related illness in the past? If yes give details.	
Does the applicant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Any other observations	
Overall physical fitness	

I have medically examined Mr /Ms _____

on (Date) _____ and found him / her fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease

Name of Dr _____ Degree _____ Reg No _____

Signature & Seal