

Medical Certificate For High Altitude Himalayan High

**** This document is to be taken seriously and is to be filled in my registered medical practitioners only**
**** In case of any medical emergencies, details entered in this certificate will be referred to for first aids**
**** In case of any medical emergencies, details entered in this certificate will be considered final.**

General:

Full Name:	
Age:	
Height:	
Weight:	
Blood Group:	
Blood Pressure:	
Pulse Rate (at rest)	
Hemoglobin Count:	
Allergic to Sulpha?	
Other drug allergies if any:	

Few Specific Questions:

Previous Exposure to High Altitude (mention altitude)	
Did you face any problems on your previous exposure to high altitude? (mention problems faced in brief detail)	
Any history of breathlessness? If yes, when was the last time you were breathless and what was the reason?	
Any attacks of Asthma in the past? If yes, when and how chronic?	
Any Lung infection history? If yes, what and when?	
Chest pain if any	
Any History of Heart Attack? If yes, when was the last attack?	
Any bone injury? If yes, what is the current status?	

I have medically examined Mr /Ms _____ on ___ / ___ / 20___ and found him/her fit for trekking expedition in the high altitudes.

Name of Dr _____ Degree _____ Reg No _____ Signature and Seal