



Medical Certificate For High Altitude Treks and Expeditions

**** 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**

Full Name:		
Age:	Height:	Weight:
Blood Group:	Blood Pressure:	Pulse Rate (at rest):
Trek / Expedition Name:		Region: (State & Country)
Maximum Altitude In meters:	Haemoglobin Count: <i>** only required for maximum altitude beyond 4000 meters or 13000 feet. No blood test required for treks below that where natural oxygen is available in form of trees</i>	
Allergic to Sulpha?	Other drug allergies if any:	Food Allergies If Any: (like lactose intolerance, etc.)
Previous Exposure to High Altitude ? <i>(mention altitude in meters)</i>		
Did you face any problems on your previous exposure to high altitude? <i>(mention problems faced in brief detail)</i>		
Any history of breathlessness? <i>If yes, when was the last time you were breathless and what was the reason?</i>		
Any attacks of Asthma in the past? <i>If yes, when and how chronic?</i>		
Any Lung infection history? <i>If yes, what and when?</i>		
Chest pain if any		
Any History of Heart Attack? <i>If yes, when was the last attack?</i>		
Any bone injury? <i>If yes, what is the current status?</i>		

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

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

Happy to Help, Eager to Serve !!

HIMALAYAN HIGH ALTITUDE TREKS AND EXPEDITIONS (OPC) PRIVATE LIMITED

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