



# HIMALAYA TREKKERS

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## MEDICAL CERTIFICATE

### A. GENERAL REMARKS:

1. Name: \_\_\_\_\_

2. Gender: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Height: \_\_\_\_\_

5. Weight: \_\_\_\_\_

5. Any Previous illness, their nature and duration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any previous injuries, accident

\_\_\_\_\_

& present condition

\_\_\_\_\_

7. Any operation undergone, their nature and result

\_\_\_\_\_  
\_\_\_\_\_

8. Any history of Malaria or any other fever \_\_\_\_\_

9. Date of last vaccination \_\_\_\_\_

10. Any previous exposure to high altitude and any problems encountered

\_\_\_\_\_

### B. RESPIRATORY SYSTEM:

1. Respiratory rate at rest \_\_\_\_\_

2. Range of chest expansion \_\_\_\_\_ (Should be 5cm or higher)

3. Any history of breathlessness \_\_\_\_\_ (Should be nil)

4. Any history of chest pain \_\_\_\_\_ (Should be nil)

5. Ever suffered from Asthma or Pleurisy \_\_\_\_\_ (Should be nil)

**C. CIRCULATORY SYSTEM:**

1. Pulse rate at rest \_\_\_\_\_

2. Blood Pressure \_\_\_\_\_

3. Any history of giddiness or fainting attacks \_\_\_\_\_ (Should be nil)

4. Any history of palpitations \_\_\_\_\_ (Should be nil)

5. Any history of chest pain \_\_\_\_\_ (Should be nil)

6. Are the veins in any part enlarged or varicose? \_\_\_\_\_ (Should be nil)

**D. ALIMENTARY SYSTEM:**

1. Any history of dysentery or jaundice \_\_\_\_\_ (Should not be recent or persisting)

2. Any history of Appendicitis. If operated, the present condition  
\_\_\_\_\_

3. Any history of renal or intestinal colic \_\_\_\_\_ (Should be nil)

**E. NERVOUS SYSTEM:**

1. Any history of Epilepsy or any other fits \_\_\_\_\_ (Should be nil)

**F. BONES AND JOINTS:**

1. Any injury or accident \_\_\_\_\_ (Fracture in previous six month will not be accepted) & present condition \_\_\_\_\_ (Present condition should be without any complaint)

2. Any history of Rheumatism \_\_\_\_\_ (Should be nil)

3. Condition of toes and feet \_\_\_\_\_ (Should be healthy)

In my opinion \_\_\_\_\_ is medically fit / unfit to undergo a Trekking / Adventure trip on high altitude.

Date: .....

Place: .....

Signature of the Medical Officer  
Registration Number and Designation