



Medical Form

Name in Block Letters: _____

Age: _____

Pulse Rate: _____

Blood Pressure: _____

Condition of Upper Limbs, Fingers, Toes and Feet: _____

Blood Group: _____ (Attach Blood Report, if possible)

If Applicant suffers from any chronic disease:

- Heart Problem: Yes / No
- Diabetes: Yes / No
- Asthma: Yes / No
- Any major deformity: Yes / No
- If Yes, please give the details below:

(To be filled by Doctor/Medical Officer)

In my opinion Mr/Mrs _____

Whose signatures and address is given below is fit to attend the Himalayan High Altitude Trek.

Signature of MO

Regd.No.. & Designation

Date: _____ Place: _____