

Participant Medical Form *(To be completed by physician)*

Applicant Name: _____ Date of birth: _____

Height (cm) _____ Weight (kg) _____ BMI _____ Blood group _____

All fields must be completed, incomplete form subject to rejection. The medical form must not be older than 6 months.

Pulse rate at rest <i>Must be in between (60 to 100 beats per minute)</i>	
Blood Pressure Reading <i>Must be within the range (DIASTOLIC 75-85, SYSTOLIC 100-130 mm Hg)</i>	
Respiratory rate at rest <i>Must be between (12 to 20 breaths per minute)</i>	
Any liver or kidney disease: Yes or No. <i>If yes, please provide details.</i>	
Any drug allergies Yes or No. <i>If yes, please provide details.</i>	
Is applicant currently under any medication? Yes or No. <i>If yes, please provide details.</i>	
Has the applicant suffered from any kind of altitude related illness in the past? Yes or No. <i>If yes, please provide details.</i>	
Does the applicant suffer from any chronic disease such as Diabetes Mellitus, Bronchial Asthma, Epilepsy, heart conditions, etc.? Yes or No. <i>If yes, please provide details.</i>	
Is there a pacemaker implant? Yes or No. <i>If yes, please provide details.</i>	
Has undergone any form of cardiac surgery? Yes or No. <i>If yes, please provide details.</i>	
Any other observations	
Overall physical fitness	

If the readings or reports are not within the normal range, please contact the trek coordinator before going for an adventure activity/trip.

I have medically examined the Applicant and found him/her fit to undergo an Adventure activity/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 the Doctor _____ Doctor's Degree _____

Registration number _____

Date of Examination _____

Signature & Seal

Member Certification

