

MEDICAL CERTIFICATE

Name _____

Address _____

Date of Birth _____ Single/Married _____

1. Present/Past illness of Significance _____

2. Injuries / operations undergone and present condition _____

3. Any known allergy to drugs or food stuff _____

4. Blood Group No. _____

5. Is the Applicant Suffering from

- | | | |
|-------|--------------------------|--------|
| (i) | Any Infectious disease | Yes/No |
| (ii) | Any Skin disease | Yes/No |
| (iii) | Mental disease | Yes/No |
| (iv) | Heart Trouble | Yes/No |
| (v) | Asthmatic | Yes/No |
| (vi) | Any other disease/defect | Yes/No |

6. I, on this date _____ have examined Mr./Miss _____ and found Him/her medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer
Registration Number & Designation

Date _____ Office Seal

RISK CERTIFICATE

(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter / ward Mr./Miss _____ is joining the above mentioned Adventure Programme with my consent and the organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the said rigorous programme.

Signature of Parent/Guardian

Relationship with participant _____
Name _____
Address _____

