

MEDICAL CERTIFICATE

1. Name _____
2. Address _____
3. Height _____ Weight _____ Blood Group _____
4. Present/Past illness if any _____
5. Injuries / Operations undergone and present condition _____
6. Any known allergy to drugs or food stuff _____
7. Are you fully COVID Vaccinated – Yes/No. If Yes, attach certificates issued by Govt. of India.
8. Have you undergone any heart surgery/by-pass – Yes/NO
9. 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
(iv) Asthma	Yes / No
(v) Malaria Test	Yes / No
(vi) Any other disease/defect	Yes / No

10. I, _____ on this date _____ have examined Mr./Miss _____ and found Him / Her medically fit/unfit to attend International Event at _____ scheduled from _____ to _____

Medical Officer
Registration Number &
Designation Office Seal

Date _____

RISK CERTIFICATE / PARENT-CONSENT

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

It is certified that my son/daughter / ward Mr./ Miss _____ is joining the above Event with my consent and the Bharat Scouts and Guides, National Headquarters shall not be held 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 International event at _____ scheduled from _____ to _____.

Signature of Parent / Guardian

Relationship with participant _____

Name _____

Address _____

Aadhar No: _____

Mobile No _____ Date _____