



The Bharat Scouts and Guides, National Headquarters

Lakshmi Mazumdar Bhawan, 16, M.G. Marg, I.P. Estate, New Delhi- 110002.

RISK CERTIFICATE

(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the National Level Nature Study Cum Trekking Programme for Sr. Scouts & Sr. Guides and Unit Leaders with my consent and the Organizer 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 vigorous programme. In case of any injury/illness, all required expenses will be borne by the Parent/Guardian.

Date:

Signature of Parent/ Guardian

Name:

Relationship with Participant: _____

MEDICAL CERTIFICATE

Name: _____

Address: _____

Date of Birth: _____ Single / Married: _____

1. Present / Past illness: _____

2. Injuries / Operation Undergone and Present Condition: _____

3. Any known Allergy to drugs/foodstuff: _____

4. Blood Group: _____

5. Is the applicant is suffering from

(i) An Infection disease (Yes / No)

(ii) Skin (Yes / No)

(iii) Mental disease (Yes / No)

(iv) Heart trouble/Asthma (Yes / No)

(v) Any other disease / defect (Yes / No)

I, on this date _____ have examined Mr. / Miss _____ and found him / her medically fit / unfit to undergo a National Level Nature Study Cum Trekking Programme for Sr. Scouts & Sr. Guides and Unit Leaders from 27th to 31st May 2024 at Bharat Scouts and Guides, District Training Centre, Northern Railway, Jabli, Shimla, Himachal Pradesh.

Date: _____

**MEDICAL OFFICER
REGD. NO. & DESIGNATION**

**COUNTER SIGNED BY
DISTRICT COMMISSIONER (S/G) with Seal.**