



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS

RISK CERTIFICATE **(For Use of Applicants)**

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the National Level Trekking/Environment Awareness Programme at Mussoorie, Uttarakhand from 16-20 October, 2024 with my consent and the Organizer or 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 trekking programme. In case of any injury/illness, all required expenses will be borne by the Parent/Guardian. We certify that he/she is physically fit and participating in our self-risk and safety.

Name of Parent / Guardian

Signature of Parent / Guardian

Date

Relationship with Participant

Name

MEDICAL CERTIFICATE

1. Name

2. Address

3. Date of Birth

4. Unmarried

Married

5. Present / Past illness

6. Injuries / Operation Undergone and Present Condition

7. Any known Allergy to drugs / foodstuff

8. Blood Group

9. **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) Jaundice/Breathing

Yes/No

(vi) Breathing issues

Yes/No

(vii) 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 Trekking Programme at Mussoorie Uttarakhand from 16th to 20th September 2024 at Base camp at Atal Utkrist Government, Inter College, Maldevta, Dehradun, Uttarakhand.

Signature of Medical Officer

Regd. No.

Designation

COUNTER SIGNED BY

District Commissioner (S/G) with Seal