

RISK CERTIFICATE
(For Use of Applicants)

It is certified that my Son/ Daughter/ Ward Mr. / Miss _____ is joining the National Level Disaster Preparedness & Management Training on Fire Fighting & Land Slide for Rovers/Rangers 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 Disaster Preparedness & Management Training on Fire Fighting & Land Slide for Rovers/Rangers/Unit Leader from 14th to 20th May 2025 at State Camping Centre, Bhopalpani, Dehradun, Uttarakhand

Date: _____

MEDICAL OFFICER
REGD. NO. & DESIGNATION

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