

Medical Certificate

Mr/Mrs/Miss									
	Surname			First Name			Middle name		
Date of Birth	Date			Month			Year		
Address									
City			District			State		Pin Code	
Mob				Id Proof					

Examination:

Present illness / Past illness / Physical Disability		Is The Applicant suffering from		
		An Infectious Disorder	Yes	No
Any known Allergy to Drugs / Foodstuff		Hypertension	Yes	No
		Bronchial Asthma	Yes	No
History of Taking Drugs for Chronic Disease		Diabetes Mellitus	Yes	No
		Epilepsy	Yes	No
Pulse:	Temperature:	Heart Disease	Yes	No
BP:	SPO2 Saturation:	Fever	Yes	No
CVS :	CNS:	Cough & Cold	Yes	No
R/S:	P/A:	Breathlessness		
Opinion:				

- 1) Any history of closed contact of confirm positive case: Yes/No
- 2) Any history ILI and SARI type illness in past 14 days: Yes/No
- 3) Is he/she is Asymptomatic contact with comorbidity like old age (>60 yrs), DM, HT, Immunocompromised status: Yes/No

I have medically examined Mr. /Ms _____ on (Date) _____ and found him / her medically / Mentally fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease

Name of Dr. _____
Reg. No _____

Signature & Seal