

Medical Certificate

To be filled in and signed by a registered medical practitioner only

Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____
State: _____ **Pin code:** _____ **Mobile No:** _____
Blood Group: _____ **Height:** _____ **Weight:** _____

Examination:

Present illness/ Past illness / Physical Disability		Is The Applicant suffering from		
		An Infection 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:

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

I have medically examined Mr. / Mrs. / Miss _____
on (Date) _____ and found him / her medically / mentally fit for road trip in high altitude areas in the mountains & all terrain area and as per history and clinical examination he is not suffering from any chronic disease.

Name of Dr : _____

Reg. No : _____

Signature & Seal

PERSONAL MEDICAL RECORD

This document has to be filled in, signed and handed over to our team

Medical Details		Comments	
1	Any previous illness - past 3 months If yes, mention the nature and duration of illness	Yes	No
2	Any previous injuries – past 6 months (accident / sprain / fracture etc. If yes, what is the present condition?)	Yes	No
3	Any operation undergone – past 6 months (If yes, mention the nature and result of the operation)	Yes	No
4	Are you under medication of any kind? (If yes, please mention details & medicines being taken)	Yes	No
5	Do you have any drug or food allergies? If yes, please mention details	Yes	No
6	Do you have any experience with high altitude treks? (If yes, please mention the name of the trek and altitude gained)	Yes	No
7	Did you encounter any altitude related problems on your previous trek? If yes, please mention details	Yes	No
8	Do you have any history of breathlessness	Yes	No
9	Do you have any history of chest pain	Yes	No
10	Have you ever suffered from Asthma or Pleurisy	Yes	No
11	Any history of giddiness or fainting attacks	Yes	No
12	Any other information related to your health that would be useful to us in the case of emergencies		

I (name) _____ certify that the information mentioned above is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to XPLO INDIA which will be useful to them in the case of an emergency.

Signature:

Place:

Date