Fitness/Medical Certificate

(To be filled in by a registered medical practitioner only **MBBS or MD**)

Participant Name: _____ **Gender:** _____

Age: _____ **Height:** _____ft. **Weight:** _____Kgs. **Blood Group:** _____

Medical conditions	Comments
Does the participant suffer from any chronic illness, Injury? If yes, please mention details.	
Is the participant under medication of any kind? If yes, please mention details.	
Respiratory rate at rest	
Blood pressure reading	
Overall physical fitness	
Any drug allergies	
Any other information related to the health of the participant that would be useful in emergencies.	

I have medically examined Mr./Ms. _____ on (Date) _____ and found him/her to be **physically and mentally fit** to participate in strenuous outdoor activities including, but not limited to, **high-altitude treks, jungle safaris, adventure tours, expeditions, and other similar programs** conducted by MountainFit.

Based on the medical history provided and clinical examination conducted, he/she is not suffering from any chronic illness, psychological condition, or other ailment that may act as a deterrent or pose a risk during participation in such activities.

Doctor's Name & Signature: _____

Registration Number: _____

Date: _____ Stamp: _____

*This document has to be printed, filled in, signed and handed over to the trek leader at the base camp or at MountainFit office.

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