

TO BE FILLED BY A REGISTERED MEDICAL PRACTITIONER

MEDICINE

1. CVS (a) Heart ____ b) Heart Sound _____ (c) PR _____/min (d) BP _____Min/Hp.
2. RS (a) Chest Measurement: (b) full expansion _____ cm (c) Range of expansion _____ cm.
3. Any other abnormality or condition affecting physical ability _____

Surgery

- 1 Upper limb: _____
2. Lower Limb: _____
3. Lumbar and Sacral vt, Coccyx, Varicose Vein: _____
4. Gut and Perineum (Hydrocoele, Varicocole, undescended testis, haemoroids): _____
5. Hernia and muscle: _____
6. Breast: _____
- 7 Any other abnormality or condition affecting physical ability _____

I, on the date _____ examined Shri/ Smt. Kumari _____
and found him / her medically fit for trekking/climbing/ mountaineering.

Date.....

Signature and Seal

Name:

Reg No:

NOTE: Medical form will not be accepted without the seal and Registration Number of the concerned Doctor (MBBS)