#### **MEDICAL FORM**

(This form contains two pages to be printed on both sides of a single sheet & sent to us. Medical examination is valid for six months only.)

	TO BE FILLED BY THE PARTICIPANT													
Gener	al													
1. Na	me													
2. Age	2	yrs 3. S	Sex		(M	I/F)								
4. Hei	ight	cms 5. Weight		kg		6. Blood group								
6.	Identif	ication Mark: (a)				(b)								
8.	Family	History. (a) Hypertens	ion			(Y/N)								
		(b) Heart Dise	ase			(Y/N)								
		(c) Bleeding D	isoı	rder	•	(Y/N)								
	(d) Mental Dis					(Y/N)								
9.	Person Have y	al History: ou suffered from any of the follo	win	g d	iseas	ees? (Answer in Y/N in bracket)								
	a)	Chronic Bronchitis/Asthma	(	)	b)	Pleurisy /TB	(	)						
	c)	Rheumatism/frequent throat		)	d)	Kidney/Bladder Trouble	(	)						
	e)	Sexually Transmitted diseases		)	f)	Jaundice	(	)						
	g)	Mountain Disease	(	)	h)	Any Eye Disease	(	)						
	i)	Surgery	(	)	j)	Any Ear Disease	(	)						
	k)	Freq. Cough/Cold/Sinusitis	(	)	1)	Fits/Faint Attack	(	)						
	m)	Sever Heart Injury	(	)	n)	Breast Disease	(	)						
	o)	Amenorrhea			p)	Pregnancy	(	)						
	q)	Menorrhagia	(	)	r)	Abortion	(	)						

10. Have you ever been admitted in hospital for any illness, operation or injury? If so, state the nature of the disease and duration of stay in hospital.

### 11. Any additional significant information about the health status.

12. Have you ever been to a mountain before If yes specify the height and any problem faced.

### Declaration:

I hereby declare that I have answered all the questions about my family and personal health as fully as possible and that the information given is true to the best of my knowledge and belief.

Signature of Medical Officer\_\_\_\_\_

Signature of the Participant \_\_\_\_\_

Date:

# TO BE FILLED BY A REGISTERED MEDICAL PRACTIONER

## **MEDICINE**

1.	CVS	(a) Heart	b) Heart Sound	(c) PR	/ min (d) BP	Min/Hp.							
2.	RS	RS (a) Chest Measurement: (b) full expansioncm (c) Range of expansion											
3. A	ny other a	bnormality or	condition affecting ph	ysical ability									
Surge	ery												
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:	Breast:											
7	Any other abnormality or condition affecting physical ability												
I, on t	he date		examined S	hri/ Smt. Ku	mari								
and fo	ound him	/ her medically	y fit for trekking/clim	oing/ mounta	ineering.								

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)