



Rajasthan State Bharat Scouts and Guides

State Training & Adventure Center , Mount Abu. - 307501

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MEDICAL CERTIFICATE

Name _____

Address _____

Date of Birth _____ Single / Married _____

1) Present / Past illness _____

2) Injuries/operations undergone and present condition _____

3) Any known allergy to drugs of food stuff _____

4) Blood Group No. _____

5) Is the Applicant Suffering from

(i) Any Infectious disease Yes / No

(ii) Any Skin disease Yes / No

(iii) Mental disease Yes / No

(iv) Heart Trouble Yes / No

(v) Asthma Yes / No

(vi) Any other disease / problem Yes / No

6) I, on this date _____ have examined Mr. / Miss / Mrs. _____

and found him / her medically fit / unfit to undergo an Adventure Programme.

Medical Officer

Date _____

Registration Number & Designation

RISK CERTIFICATE

It is certified that my son / daughter / ward Mr. / Miss _____ is joining the above mentioned Adventure Programme with my consent and the Institute shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the above said Adventure programme.

Place : _____

Signature of Parent / Guardian

Date : _____

Relationship with participant _____

Name _____

Address _____