



MEDICAL CERTIFICATE

1. Name _____
2. Address _____
3. Height _____ Weight _____ Blood Group _____
4. Covid Report/ Certificate attached here with _____
5. Present/Past illness of Significance _____
6. Injuries / Operations undergone and present condition _____
7. Any known allergy to drugs or food stuff _____
8. 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/defect	Yes / No
(vii) Covid-19	Yes / No
9. I, on this date _____ have examined Mr./Miss _____ and found Him / Her medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer
 Registration Number &
 Designation Office Seal

Date _____

RISK CERTIFICATE/PARENT CONSENT

(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter / ward Mr/ Miss _____ is joining the above mentioned Adventure Programme with my consent and the organizer 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 said vigorous programme.

Signature of Parent / Guardian

Relationship with participant _____

Name _____

Address _____

Aadhar No: _____

Mobile No _____ Date _____

