Participant Medical Form (*To be completed by physician*)

Applicant Name:_____, Date of birth: _____

Pulse rate at rest Must be in between (60 to 90 beats per minute)	
Blood Pressure Reading Must be in between (DIASTOLIC 75 – 85, SYSTOLIC 100 - 130 mm Hg)	
Respiratory rate at rest Must be in between (12 to 20 breaths per minute)	
Liver and kidney conditions	
Any drug allergies	
Is the applicant under medication of any kind? If yes please mention details	
Has the applicant suffered from any kind of altitude related illness in the past? If yes give details	
Does the applicant suffer from any chronic disease like - Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Is pacemaker implant	
Any other observations, If yes, please mention details.	
Overall physical fitness	

If readings and reports are not under the range or normal then please contact to the trek coordinator, before going for an Adventure activity/Trip.

I have medically examined the **Applicant** and found him/her fit to undergo an Adventure activity, Trip or Trekking expedition in high Altitude areas & in the mountains.

Name of Dr. _____

Degree _____Reg No_____

Examine date _____

Signature & Seal of Doctor