

FITNESS CERTIFICATE

Name _____ Sex _____ Age _____

Pulse Rate _____ Blood Pressure _____

Blood Group _____ Height _____ (cm) Weight _____ (Kg)

Medical History:	Disease/illness/operation
Heart	
Back Problem/Spine Injury	
Knee/Ankle	
Asthma	
Diabetes	
Any Recent Accident/ Illness	
Allergies /Epilepsy	

Space to write any significant finding / advice -

I, _____ (Reg.No.) _____

Hereby certify that _____ is examined by me and he / she is physically fit to participate in trekking / hiking / mountaineering activities.

Date: _____

Practitioner

Signature and Stamp of the Medical