

GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING

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Medical Fitness Certificate *(To be filled in by RMO/RMP/Physician)*

Name		PHOTO
Age		
Height		
Weight		
Blood Pressure		
Blood Group		

Is applicant suffering from any diseases/ illness/accident related to

Coronary/ heart	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pulmonary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bone	<input type="checkbox"/> Yes <input type="checkbox"/> No		Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychological	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No		Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Space for writing any specific finding or advise

This is to certify that Mr/Ms _____ is physically and mentally found fit on his/her examination, to undergo above mentioned adventurous mountaineering activity.

Signature of the Medical Doctor	Date	Full name/address/ Reg. No /Seal