

GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING

1233/A, Saichhaya Apartment, Behind IDBI bank, Deccan Gymkhana, Pune, Maharashtra, India 411004.

Email: ggimpune@gmail.com, Phone No. 9822323147, 9769302934, 9890499955

Website: www.ggim.in



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