



GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING
GIRIPREMI ADVENTURE FOUNDATION

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Medical Fitness Certificate <i>(To be filled in by RMO/RMP/Physician)</i>					
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			