GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING
GIRIPREMI ADVENTURE FOUNDATION

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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	☐ Yes ☐ No		Pulmonary	☐ Yes ☐ No	
Bone	☐ Yes ☐ No		Vision	☐ Yes ☐ No	
Psychological	☐ Yes ☐ No		Dental	☐ Yes ☐ No	
Asthma	☐ Yes ☐ No		Diabetes	☐ Yes ☐ No	
Allergies	☐ Yes ☐ No		Blood Pressure	☐ Yes ☐ No	

Space for writing any specific finding or advise :

Any other Allergies / predisclosed diseases :

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