

# Great Hyderabad Adventure Club

## MEDICAL CERTIFICATE

(To be filled by a Registered Medical Practitioner and to be submitted before the starting of the Trek)

Name of the Participant:

Age:

Address:

Blood Group:

1. Present / Past / illness / defect of significance
2. Any known allergy to drugs or foodstuff
3. Injuries / operations undergone and present condition
4. Any current medications being taken by the participant
5. Is the applicant suffering from
  - An infectious disease                      Yes / No
  - Any Respiratory problems                Yes / No
  - A skin disease                                Yes / No
  - A Mental disease                            Yes / No
  - High Blood pressure                        Yes / No
  - A Heart trouble                              Yes / No
  - Asthma                                         Yes / No
  - Epilepsy                                        Yes / No
  - Diabetes                                        Yes / No
  - any other medical condition:

Comments:

Note: Participants above 50 yrs need to pass an exercise stress test before this form is signed.

6. I have medically examined Mr./Ms. \_\_\_\_\_ On (date) \_\_\_\_\_  
and found him / her fit to undergo a trekking / camping expeditions and other outdoor adventure activities

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Medical Officer

Registration Number & Designation with Stamp