MEDICAL FITNESS CERTIFICATE FOR ADI KAILASH AND OM PARWAT YATRA

Personal Information

Full Name			
Age			
Gender	☐ MALE	☐ FEMALE	☐ OTHER
Date of Birth			
Blood Group			
Emergency Contact (Name & Number)			

Medical History(To be Filled by Individual)

CONDITION	Y	N	If Yes, Details
Asthama	☐	☐	
Heart Disease	☐	☐	
Diabetes	☐	☐	
High/Low Blood Pressure	☐	☐	
Past Surgeries	☐	☐	
Recent Illness/Injuries	☐	☐	
Medications currently being taken	☐	☐	
Any Other Health Concern	☐	☐	

Signature of individual …….

Date…….

Physical Examination(To be filled by Medical Doctor)

Height	……cm	
Weight	……Kg	
Blood Presure	……mmHg	
Pulse Rate	……Bpm	
Respiratory Rate	……Per min	
Cardiovascular System	☐ Normal	☐ Abnormal
Musculoskeletal System	☐ Normal	☐ Abnormal
Vision&Hearing	☐ Normal	☐ Abnormal

FITNESS CERTIFICATE

This is to certify that Mr/Ms ……Aged ……..yrs, has been medically examined by me on (Date)……based on the examination and information provided, I find that the individual is :

- ☐ **Medically Fit**
- ☐ **Medically Unfit**

Doctors Details:

Name…….

HospitalName…….

Address…….

Stamp