



MEDICAL CERTIFICATE

(To be filled in by a registered medical practitioner only)

Photo Paste Here

Participant's Name: _____

Date of birth: Date _____ Month _____ Year _____

Address: _____

Any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart Problems etc? If yes, please Mention details.		
Blood pressure		
Is the participant Under Medication of any kind? If yes Please mention details		
Any kind of altitude related Illness in the past? If yes give Details.		
Physical fitness		
Blood group		
Any drug allergies		
Any other information related to the health condition of the Participant		

I have medically examined Mr /Ms _____
on (Date) _____ and found him/her fit to undergo a trekking expedition in the high altitudes of Himalayas. As per history and clinical examination he/she is not suffering from any chronic disease or any other ailments that can be a deterrent to a trekking expedition.

Name of Dr _____ Degree _____ Reg No _____

Date and Seal

Signature of Medical Officer

No objection certificate (to be filled by participants)

I, _____, hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. The above mention information is correct and authentic. I do hereby release and forever discharge from all claims, demands, actions or cause of action arising out of damage, serious physical injuries and fatal accidents to myself while participating in the adventure event. I will not hold "Ambika Himalayas Expeditions" wholly or partly responsible in case of any accident, illness, injury or death on the trek.

I also acknowledge to the rules and regulations of the company and the base camp. I promise to abide by them accordingly.

Signature of Participant :

Date :

Emergency Contact Information

Name of family member :

Relationship with emergency contact:

Mobile number of emergency contact: