

1. Name: \_\_\_\_\_
2. Age: \_\_\_\_\_ years
3. Height: \_\_\_\_\_ cms
4. Weight: \_\_\_\_\_ kgs
5. Blood Group:
6. Medical History

|                                  |  |
|----------------------------------|--|
| Any significant medical history: |  |
|                                  |  |
|                                  |  |
|                                  |  |

6. Physical Test

|   |  |
|---|--|
| Chest Expansion in cm (range of expansion should be more than 5 cm) |  |
| Respiratory rate per minute   |  |
| Blood Pressure(mm of Hg)  |  |
| Eye Distant vision RE(Power of glass, if any)                       |  |
| Any history of blindness  |  |
| Systematic Examination(specially CVS and respiratory)               |  |

7. Any other significant observation:

I Certify that I have examined Mr./Ms

I have found him/her medically fit/unit to undergo adventure trips. It is also certified that the individual has been immunized against tetanus.

Place :

Date :

Signature of Medical Officer

Registration No. & Designation