MEDICAL FITNESS CERTIFICATE FOR HIGH-ALTITUDE PILGRIMAGE & TREKKING

(Valid for Shri Mani Mahesh Yatra - 2026)

PART A: PATIENT DECLARATION (To be filled by the Applicant)

Full Name: _____ Age: _____ Gender: [M / F / Other]

S/o, D/o, W/o:

_____

Residential Address:

_____

_____

Contact Number: _____ Emergency Contact: _____

Target Altitude: > 13,000 ft (~4,000 m) Proposed Travel Dates: ____ / ____ / 2026

Self-Declaration of Medical History:

1. Have you ever suffered or currently suffer from any of the following? (Tick as applicable)

[ ] High Blood Pressure (Hypertension) [ ] Epilepsy / Fits / Fainting Spells

[ ] Heart Disease / Chest Pain / Surgery [ ] Severe Joint Pain / Asthma / Knee Injury

[ ] Diabetes Mellitus [ ] History of Altitude Sickness (AMS/HAPE/HACE)

[ ] Asthma / COPD / Breathing Issue [ ] Pregnant (if applicable)

2. Substance & Addiction Declaration:

• Do you consume Tobacco / Smoke? [YES / NO] (If yes, Frequency: _____)

• Do you consume Alcohol? [YES / NO] (If yes, Frequency: _____)

3. **Self-Declaration & Undertaking**: "I hereby declare that the information provided above is true, complete, and correct to the best of my knowledge. I confirm that I have NOT concealed or hidden any known, diagnosed, or pre-existing health conditions from the examining doctor. I understand the inherent risks associated with high- altitude trekking (>13,000 ft), including severe weather and low oxygen conditions."

Date: ____ / ____ / 2026 _____

Applicant's Signature / Thumb

PART B: PHYSICAL EXAMINATION & CLINICAL ASSESSMENT (To be filled by RMP)

1. VITAL PARAMETERS:

• Pulse Rate: _____ bpm (60–100) • Blood Pressure: _____ mmHg (< 130/80)

• SpO2 (Room Air): _____ % (> 95%) • Respiratory Rate: _____ /min (12–20)

• Hemoglobin (Hb): _____ g/dL (if tested) • Random Blood Sugar: _____ mg/dL (if diabetic)

2. SYSTEMIC EXAMINATION:

- Cardiovascular System (S1, S2, Murmur): _____
- Respiratory System (B/L Air Entry, Rhonchi/Creps): _____
- Musculoskeletal System (Joint Mobility/Lower Limb): _____
- Nervous System / Balance: _____

3. RISK ASSESSMENT:

Is the candidate on active medication for Cardiac/Respiratory/Diabetic conditions? [YES / NO]

If yes, is the condition clinically stable and controlled? [YES / NO]

PART C: MEDICAL FITNESS CERTIFICATE

I, Dr. _____, have clinically examined the applicant Mr./Ms./Mrs. _____today on ____ / ____ / 2026.

I have evaluated his/her physical fitness keeping in mind the strenuous physical exertion, low oxygen levels, severe cold weather, and high-altitude conditions (> 13,000 ft) involved in this journey.

FINAL DECISION:

[ ] FIT: The applicant is clinically FIT to undertake high-altitude travel/trekking.

[ ] UNFIT: The applicant is UNFIT due to: _____

_____ _____

Date & Place Signature of Medical Practitioner

Medical Council Reg. No.: _____

Official Stamp & Seal: