HIMALAYAN MOUNTAINEERING INSTITUTE
JAWAHAR PARBAT, DARJEELING – 734101

MEDICAL CERTIFICATE

A. GENERAL **REMARKS**

1. Name_____
2. Age_____
3. Height_____
4. Weight_____

A deviation or more than 15% from normal will not be accepted.

5. Any Previous illness, their nature and duration _____
_____
6. Any previous injuries, accident _____
Present condition _____
7. Any operation undergone, their nature and result _____
8. Any history of Malaria or any other fever _____
9. Date of last vaccination _____
_____
10. Any previous exposure to high altitude and any problems encountered .
_____

B. RESPIRATORY SYSTEM

1. Respiratory rate at rest _____
2. Range of chest expansion _____ should be 5cms. Minimum
3. Any history of breathlessness_____
4. Any history of chest pain_____
5. Ever suffered from Asthma or Pleurisy_____

should be nil

C. CIRCULATORY SYSTEM

1. Pulse rate at rest_____
2. Blood Pressure_____
3. Any history of giddiness or fainting attacks_____
4. Any history of palpitations_____
5. Any history of chest pain _____
6. Are the veins in any part enlarged or varicose ?_____

Should be nil

D. ALIMENTARY SYSTEM

1. Any history of dysentery or jaundice_____ should not be recent or persisting

2. Any history of Hernia. If so operated or not. When was it operated ?
   Any complaint after the operation?_____

3. Any history of Appendicitis. If operated, the
   Present condition_____

4. Any history of recurring pain in the abdomen_____ } Should be nil

5. Any history of renal or intestinal colic

E. NERVOUS SYSTEM :

1. Any history of Epilepsy or any other fits_____ Should be nil

F. BONES AND JOINTS :

1. Any injury or accident _____ } Present condition should be without any complaint. History of fracture in previous six month will not be accepted .

   Present condition_____

2. Any history of Rheumatism_____. Should be nil

3. Condition of toes and feet_____ should be healthy

G. BLOOD EXAMINATION :

1. Percentage of Haemoglobin_____ less than 11 gm% in females
   Blood Group_____ and 13 gm% in males will not be accepted

H. URINE EXAMINATION :

1. Is sugar or aibumin present ? _____ should be nil

   In my opinion_____ is medically fit / unfit to
   Undergone a Mountaineering / Adventure

Date……

Signature of the Medical Officer
Registration Number and Designation

(TO BE FILLED BY INSTITUTE MEDICAL OFFICER)

I, on the date _____ examined
Shri/ Smt. Kumari _____ and
Found him / her medically fit to undergo BASIC / ADVANCE / ADVENTURE Mountaineering Course.

Medical Officer
The Himalayan Mountaineering Institute,
Darjeeling

Date……

NOTES : 1. Medical Examination should be done by a doctor and if any criteria, as given in the medical Certificate form is not met, the person will be declared medically unfit.

2. Findings of the doctor will be confirmed by the medical officer of this institute. Therefore, it is advised that this examination be taken seriously to avoid any disappointment later on.