

**HIMALAYAN MOUNTAINEERING INSTITUTE
JAWAHAR PARBAT, DARJEELING – 734101**

MEDICAL CERTIFICATE

A. GENERAL

REMARKS

1. Name _____
2. Age _____
3. Height _____
4. Weight _____
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 _____

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

B. RESPIRATORY SYSTEM

1. Respiratory rate at rest _____
2. Range of chest expansion _____
3. Any history of breathlessness _____
4. Any history of chest pain _____
5. Ever suffered from Asthma or Pleurisy _____

should be 5cms. Minimum

} 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 _____
 - 5. Any history of renal or intestinal colic _____
- } Should be nil

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 _____ } Present condition should be without any complaint. History of fracture in previous six month will not be accepted .
- 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.....

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- 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.