

33 HIMALAYAN HANGOUT

[Kashmir’s Safest & Trusted Adventure Provider](http://www.trekthehimalayas.com/)

**Participant Medical Form** (To be completed by physician)

Applicant Name: , Date of birth:

|  |  |
| --- | --- |
| Pulse rate at rest |  |
| Must be in between (60 to 90 beats per minute) |
| Blood Pressure Reading |  |
| Must be in between (DIASTOLIC 75 – 85, SYSTOLIC 100 - 130 mm Hg) |
| Respiratory rate at rest |  |
| Must be in between (12 to 20 breaths per minute) |
| Liver and kidney conditions |  |
| Any drug allergies |  |
| Is the applicant under medication of any kind? If yes please mention details |  |
| Has the applicant suffered from any kind of altitude related illness in the past? If yes give details |  |
| Does the applicant suffer from any chronic disease like - Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details. |  |
| Is pacemaker implant |  |
| Any other observations, If yes, please mention details. |  |
| Overall physical fitness |  |

**If readings and reports are not under the range or normal then please contact to the trek coordinator, before going for an Adventure activity/Trip.**

I have medically examined the **Applicant** and found him/her fit to undergo an Adventure activity, Trip or Trekking expedition in high Altitude areas & in the mountains.

Name of Dr

Degree Reg No

Examine date **Signature & Seal of Doctor**

Near Fourway General Store, Bagh Bandipora Tehsil, Bandipora-193502, J&K, India

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Registration / Affiliation / Member

