



Medical Certificate

Odyssey

Personal Information (to be filled by participant)

Name			
Age		Gender	
Height		Weight	
Blood Group			
Emergency Contact No	1)	2)	
Aadhar No			

Medical Certificate (to be filled in by a registered medical practitioner only)

I have medically examined

Mr/Ms _____

on ___/___/_____ and found him/her fit to participate in high altitude trekking camps in Himalayan region. As per medical history and clinical examination, he/she is not suffering from any chronic disease or any other ailment that can be a deterrent to a trekking camp.

Remarks:

Doctor's Name _____

Registration No _____

Signature & Seal

(This medical certificate is to be carried in hardcopy by the participant on arrival at the basecamp)