

Medical Examination Form

All parts of this form are to be completed by a registered Yatri. Any amendments must be endorsed by the individual completing this form. The Yatri medical examination document should carry this information at the basecamp for authentication.

Part I Personal Particulars:

First Name	Country
Middle Name	Home Address
Last Name	State
Age	City
Date of Birth	Pin code
Gender – M/ F/ Other	Contact Number
Blood group	Father's name
Height (In Cm)	Mother's name
Weight (In Kg)	Occupation

Part II Medical History (To be declared and signed by the Yatri):

Mandatory for Yatris above 50 years of age

I declare that all the information given above is true and correct. I hereby give my consent for a copy of this medical form after it is completed by the doctor. Do you have or have you ever had any of the following? If you answer 'Yes' to any item in this question, please provide details in the comment section.

S. No.	Disease	Yes	No	Comment
1.	None of the above			
2.	Heart Disease or Cholesterol			
3.	Hypertension			
4.	Respiratory Disease or Asthma			
5.	Diabetes mellitus			
6.	Tuberculosis			
7.	Epilepsy or any neurological disorder			
8.	Kidney or urinary disorder			
9.	Cancer (Any kind)			

10.	Migraine or persistent headache			
11.	Any Allergies			
12.	Disorder of the joints or muscles, arthritis, gout			
13.	Surgery			

For Females only:

S. No.	Condition	Yes	No
1.	Have you had any complications of pregnancy or childbirth?		
2.	Are you Currently pregnant		

If, Yes please provide the “delivery due date”

Due Date:

Part III: Please tick if any of the Examinations/Tests is conducted and give brief details separately:

General Clinical Examination by Physician:

S. No.	Test Prescribed	Test Reports	Remarks
1.	Blood Pressure		
2.	ECG		
3.	Random Blood Sugar		
4.	Fasting Blood Sugar		
5.	CBC		
6.	LFT		
7.	KFT		
8.	Chest X-ray		
9.	T3, TSH, T4		
10.	Urine Analysis		

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs./Miss has been examined by..... (Doctor's name) and is found fit for Travel for Char Dham Yatra from ----- (Date of Yatra) His/her identified travel date.

Doctor's Name: -----

Seal: -----

Place: -----

Date: -----

Registration License Number: -----