

MAKAUT NATURE AND ADVENTURE CLUB

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 – 90, SYSTOLIC 100 140 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 I Diabetes Mellitus, Bronchial Asthma, Epilepsy, Hear problems etc? If yes, please mention details.	
Is pacemaker implant	
Any other observations, If yes, please mention detai	ils.
Overall physical fitness	
If readings and reports are not under the range or going for an Adventure activity/Trip.	r normal then please contact to the trek coordinator, before
I have medically examined the Applicant and foun expedition in high Altitude areas & in the mountains.	nd him/her fit to undergo an Adventure activity, Trip or Trekking
Name of Dr	
DegreeReg No	
Examine date	Signature & Seal of Doctor