

Kailash Manasarovar Sojourn

Medical Screening

The participant is required to undergo the following tests at a reputed laboratory along with any other investigations suggested by the Family Physician / Specialist and enclose the original copy of the results. (Except X-rays)

1. Total Count, Differential Count, ESR, Hb%, RBC count, Platelet count
2. Blood urea, S.Creatinine
3. Blood sugar (Fasting, Post Prandial)
4. Urine routine analysis
5. Blood grouping and Rh typing
6. Chest X ray PA View
7. ECG at all leads (for above 35 years of age)

Medical Fitness Certificate

(To be filled by participant's G.P. / Family Physician)

Patient Name:

.....

Age: Sex:

Blood Type: Height: cm

Weight: Kg

Resting: Pulse Rate: /min

Respiratory Rate: /min

BP (Sitting):

Affix
Passport size
Photo

1. Does the participant have any medical symptoms? Does it need monitoring?

2. Significant Past History / Illness / Treatment?

3. Allergies: Drugs, Food, Chemicals - If any:

4. Opinion on the results of investigations performed:

5. Diagnosis of current illness (If any):

6. List of any current/Prophylactic medications needed:

This is to certify that Mr./Ms./Mrs.....
is fit/unfit to undertake the Kailash Manasarovar Sojourn
(19,000 feet above mean sea level).

Date:

Place:

Signature

Doctor's Stamp

(Name in block letters)

Tel.No..... Registration No.....

Note: Please also attach medical fitness certificate from concerned specialist, if you have happen to consult any.