



Medical Certificate

| Participant's name | Age | Weight | Sex | ID (Pan card/DL/Aadhar) |
|--------------------|-----|--------|-----|-------------------------|
| | | | | |

| Medical Problem | Yes/No | Any Precaution | Notes |
|-------------------------------------|--------|----------------|-------|
| Respiration problem | | | |
| Hypertension | | | |
| Asthma | | | |
| Diabetic | | | |
| Any previous injury/accident | | | |
| Any infectious disorder | | | |
| Any previous illness | | | |
| Any operation undergone | | | |
| Any history of Epilepsy | | | |
| Any history of taking chronic drugs | | | |
| Any known allergy to drugs and food | | | |

Blood group : _____ Blood pressure reading : _____

I have medically examined Mr /Ms _____ on
(Date) _____ and found him/her fit to undergo a trekking expedition in the high altitudes of
Himalayas. As per 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 expedition.

Name of Dr _____ Degree _____ Reg No _____

Signature and Seal

No objection certificate (to be filled by participants)

I, _____, hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. The above mention information is correct and authentic. I do hereby release and forever discharge from all claims, demands, actions or cause of action arising out of damage, serious physical injuries and fatal accidents to myself while participating in the adventure event. I will not hold Say Yes To Himalayas wholly or partly responsible in case of any accident, illness, injury or death on the trek.

I also acknowledge to the rules and regulations of the company and the base camp. I promise to abide by them accordingly.

Signature of Participant :

Date :

Emergency Contact Information

Name of family member :

Relationship with emergency contact:

Mobile number of emergency contact: