



# YOUTH HOSTELS ASSOCIATION OF INDIA

(ISO 9001:2015 Certified Organization)

5, Nyaya Marg, Chanakyapuri New Delhi 110021

contact@yhaindia.org | 7827 999 000



## Medical Certificate

Name .....

Father / Spouse Name .....

DOB .....

Address .....

City .....Pin.....State.....

Present illness / Past illness / Physical Disability	Is the Applicant suffering from		
	Any Infectious Disorder	Yes	No
Any unknown allergy to Drugs / Foodstuff	Hypertension	Yes	No
	Bronchial Asthma	Yes	No
History of taking drugs for Chronic Disease	Diabetes Mellitus	Yes	No
	Epilepsy	Yes	No
	Heart Disease	Yes	No

Above 45 years Male / Female	BP	ECG Report	Blood Sugar Report
Female	HB		

I have medically examined Mr /Ms \_\_\_\_\_ on (Date) \_\_\_\_\_ and found him / Her medically / Mentally fit to undergo any Adventure / Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease.

Name of Dr \_\_\_\_\_ Degree \_\_\_\_\_ Reg No \_\_\_\_\_

Signature & Seal