

**HIMALAYAN MOUNTAINEERING INSTITUTE  
JAWAHAR PARBAT, DARJEELING – 734101**

**MEDICAL CERTIFICATE**

**A. GENERAL**

**REMARKS**

- |  |   |   |
|--|---|---|
| 1. Name _____  | } | Too much overweight or too to normal should not be accepted. A deviation or more than 15% from normal will not be accepted. |
| 2. Age _____   |   |   |
| 3. Height _____  |   |   |
| 4. Weight _____  |   |   |
| 5. Any Previous illness, their nature and duration _____<br>_____                      | } | There should be no complaint due to previous illness, injuries or operation etc.  |
| 6. Any previous injuries, accident _____<br>Present condition _____                    |   |   |
| 7. Any operation undergone, their nature and result _____                              |   |   |
| 8. Any history of Malaria or any other fever _____                                     |   |   |
| 9. Date of last vaccination, T.B. and cholera inoculation _____<br>_____               | } | should be protected against typhoid / cholera /tetanus.   |
| 10. Any previous exposure to high altitude and any problems encountered _____<br>_____ |   |   |

**B. RESPIRATORY SYSTEM**

- |  |                         |               |
|--|-------------------------|---------------|
| 1. Respiratory rate at rest _____              | Normal                  |               |
| 2. Range of chest expansion _____              | should be 5cms. Minimum |               |
| 3. Any history of breathlessness _____         | }                       | should be nil |
| 4. Any history of chest pain _____             |                         |               |
| 5. Ever suffered from Asthma or Pleurisy _____ |                         |               |

**C. CIRCULATORY SYSTEM**

- |   |   |               |
|---|---|---------------|
| 1. Pulse rate at rest _____                               | Normal  |               |
| 2. Blood Pressure _____                                   | Normal (Above 140/90 mm.Hg will not be accepted). |               |
| 3. Any history of giddiness or fainting attacks _____     | }   | Should be nil |
| 4. Any history of palpitations _____                      |   |               |
| 5. Any history of pain over heart region _____            |   |               |
| 6. Are the veins in any part enlarged or varicose ? _____ |   |               |

**D. ALIMENTARY SYSTEM**

- 1. Any history of dysentery or jaundice\_\_\_\_\_ should not be recent and persisting
- 2. Any history of Hernia. If so operated or not. When was it operated ?  
Any complaint after the operation?\_\_\_\_\_ } Should be nil
- 3. Any history of Appendicitis. If operated, the  
Present condition\_\_\_\_\_ } Should be nil
- 4. Any history of recurring pain in the abdomen\_\_\_\_\_ } Should be nil
- 5. Any history of renal or intestinal colic

**E. NERVOUS SYSTEM :**

- 1. Any history of Epilepsy of any other fits\_\_\_\_\_ Should be nil

**F. BONES AND JOINTS :**

- 1. Any injury or accident \_\_\_\_\_ } present condition should be without  
Present condition\_\_\_\_\_ } any complaint. History of  
fracture in previous six month  
will not be accepted .
- 2. Any history of Rheumatism\_\_\_\_\_ Should be nil
- 3. Condition of toes and feet\_\_\_\_\_ should be healthy

**G. BLOOD EXAMINATION :**

- 1. Percentage of Haemoglobin\_\_\_\_\_ less than 11 gm% in females  
Blood Group\_\_\_\_\_ and 13 gm% in males will not  
be accepted

**H. URINE EXAMINATION :**

- 1. Is sugar or albumin present ? \_\_\_\_\_ should be nil

In my opinion\_\_\_\_\_ is medically fit / unfit to  
Undergone a Mountaineering / Adventure

Date.....

Signature of the Medical Officer  
Registration Number and Designation

**( TO BE FILLED BY INSTITUTE MEDICAL OFFICER )**

I, on the date \_\_\_\_\_ examined  
Shri/ Smt. Kumari \_\_\_\_\_ and  
Found him / her medically fit to undergo BASIC / ADVANCE / ADVENTURE Mountaineering Course.

Medical Officer  
The Himalayan Mountaineering Institute,  
Darjeeling

Date.....

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- NOTES :** 1. Medical Examination should be done by a doctor and if any criteria, as given in the medical Certificate form is not met, the person will be declared medically unfit.
2. Findings of the doctor will be confirmed by the medical officer of this institute. Therefore, it is advised that this examination be taken seriously to avoid any disappointment later on.