

**HIMALAYAN MOUNTAINEERING INSTITUTE, Darjeeling**  
**MEDICAL FORM**

(This form contains Two pages to be printed on both sides of a single sheet & sent along with the application form. Medical examination is valid for six months only. Get your medicals done once again shortly before proceeding for course; you will have to deposit the form while reporting at HMI)

**TO BE FILLED BY THE APPLICANT**

**General**

1. Name \_\_\_\_\_
2. Age \_\_\_\_\_ yrs
3. Sex \_\_\_\_\_ (M/F)
4. Height \_\_\_\_\_ cms 5. Weight \_\_\_\_\_ kg
6. Blood group \_\_\_\_\_
7. Identification Mark: a) \_\_\_\_\_  
b) \_\_\_\_\_
8. Family History.  
(a) Hypertension \_\_\_\_\_ (Y/N)  
(b) Heart Disease \_\_\_\_\_ (Y/N)  
(c) Bleeding Disorder \_\_\_\_\_ (Y/N)  
(d) Mental Disease \_\_\_\_\_ (Y/N)
9. Personal History:- \_\_\_\_\_  
Have you suffered from any of the following diseases? (Answer in Y/N in bracket)

a) Chronic Bronchitis/Asthma	( )	b) Pleurisy /TB	( )
c) Rheumatism/frequent throat	( )	d) Kidney/Bladder Trouble	( )
e) Sexually Transmitted diseases	( )	f) Jaundice	( )
g) Mountain Disease	( )	h) Any Eye Disease	( )
i) Surgery	( )	j) Any Ear Disease	( )
k) Freq. Cough/Cold/Sinusitis	( )	l) Fits/Faint Attack	( )
m) Sever Heart Injury	( )	n) Breast Disease	( )
o) Amenorrhea	( )	p) Pregnancy	( )
q) Menorrhagia	( )	r) Abortion	( )

10. Have you ever been admitted in hospital for any illness, operation or injury? If so, state the nature of the disease and duration of stay in hospital.  
\_\_\_\_\_  
\_\_\_\_\_

11. Any additional significant information about the health status.  
\_\_\_\_\_

12. Have you ever been to a mountain before If yes specify the height and any problem faced.  
\_\_\_\_\_

**Declaration:**

I hereby declare that I have answered all the questions about my family and personal health as fully as possible and that the information given is true to the best of my knowledge and belief.

Signature of Medical Officer \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

Date : \_\_\_\_\_

**TO BE FILLED BY A REGISTERED MEDICAL PRACTITIONER**

**MEDICINE**

1. Urine Examination \_\_\_\_\_
2. Blood Examination: Hb \_\_\_\_\_ TLC \_\_\_\_\_ Neut \_\_\_\_\_ Lym \_\_\_\_\_ Mono \_\_\_\_\_ Eos \_\_\_\_\_
3. Physique and Skin \_\_\_\_\_ RBS \_\_\_\_\_ BT \_\_\_\_\_ CT \_\_\_\_\_.
4. CVS (a) Heart \_\_\_\_\_ b) Heart Sound \_\_\_\_\_ (c) PR \_\_\_\_\_/min (d) BP \_\_\_\_\_ Min/HP.
5. RS (a) Chest Measurement: (b) full expansion \_\_\_\_\_ cm (c) Range of expansion \_\_\_\_\_ cm.
6. CNS \_\_\_\_\_.
7. Speech, mental capacity and emotional stability: \_\_\_\_\_
8. Any other abnormality or condition affecting physical ability \_\_\_\_\_

**Surgery**

- 1 Upper limb: \_\_\_\_\_
2. Lower Limb: \_\_\_\_\_
3. Lumbar and Sacral vt, Coccyx, Varicose Vein: \_\_\_\_\_
4. Gut and Perineum (Hydrocoele, Varicocoele, undescended testis, haemorrhoids ): \_\_\_\_\_
5. Hernia and muscle: \_\_\_\_\_
6. Breast: \_\_\_\_\_
- 7 Any other abnormality or condition affecting physical ability \_\_\_\_\_

**Eye:**

- 1 Distant vision:  
W/o Glasses Right Left near Vision Right Left  
To Glasses \_\_\_\_\_  
H/O any night blindness \_\_\_\_\_.
2. \_\_\_\_\_

**ENT:**

1. Ear: - Right Left  
Hearing \_\_\_\_\_  
Ext Ear \_\_\_\_\_  
Middle Ear \_\_\_\_\_  
Inner Ear \_\_\_\_\_
2. Nose: Any H/O DNS or Epistaxis \_\_\_\_\_  
Anything significant \_\_\_\_\_.
3. Throat \_\_\_\_\_.

**Dental:**

Gynae : Menstrual history \_\_\_\_\_ LMP \_\_\_\_\_  
No of Pregnancy \_\_\_\_\_ No of Abort \_\_\_\_\_  
No of Children \_\_\_\_\_

**Other:**

Vaccination/TT/Thyphoid : Yes / No \_\_\_\_\_ Date of Vaccination \_\_\_\_\_  
ECG / CHEST X-RAY \_\_\_\_\_

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

Date.....

Seal/ Signature  
Name:  
Reg No:

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

I have examined Shri/ Smt. Kumari \_\_\_\_\_  
on \_\_\_\_\_ and found him / her medically fit to undergo \_\_\_\_\_ Course

Date.....

Medical Officer  
HMI, Darjeeling

- NOTES:**
1. Mountaineering courses require physical fitness par excellence. Anyone found unfit as per the Institute's norms will not be allowed to attend the course & Course fee would be forfeited.
  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.
  3. Medical form will not be accepted without the seal and Registration Number of the concerned Doctor (MBBS).

**Applicants with the following medical problems will not be allowed to move to the Base Camp at 14600 feet for field training.**

**Hence, they are advised not to apply for the mountaineering course**

- (1) Hypertension
- (2) Coronary artery disease /undergone cabg (or) angioplasty
- (3) Heart failure/ rheumatic heart disease
- (4) Cardiac arrhythmia
- (5) Congenital heart disease
- (6) Pulmonary hypertension
- (7) Chronic obstructive pulmonary disease
- (8) Bronchial asthma
- (9) Obstructive sleep apnea
- (10) Interstitial lung disease
- (11) Pneumothorax
- (12) Gastric erosion / hemorrhagic gastritis
- (13) Chronic kidney disease
- (14) Diabetes mellitus
- (15) Stroke/cerebro vascular disease
- (16) Sickle cell Disease / Hematological Diseases
- (17) Psychology disorders
- (18) Pregnant women
- (19) Raynaud's disease
- (20) Atrial fibrillation
- (21) Patient on warfarin therapy
- (22) Epilepsy
- (23) Bullous lung disease
- (24) History of menorrhagia
- (25) History of previous HAPO/HACO
- (26) Kidney Stone/Gallbladder Stone

## **COVID-19 SELF DECLARATION FORM**

### **TO BE SUBMITTED BY TRAINEE ON ARRIVAL**

NAME : COURSE S/NO :

MOBILE NO : COMMENCING ON:

DISTRICT :

STATE :

HAVE YOU BEEN TO ANY OF THE COVID-19 AFFECTED ZONE IN THE LAST 14 DAYS	}	YES	<input type="text"/>
		NO	<input type="text"/>

HAVE YOU BEEN IN CLOSE CONTACT WITH A CONFIRMED CASE OF COVID-19 IN THE LAST 14 DAYS	}	YES	<input type="text"/>
		NO	<input type="text"/>

ARE YOU CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 (COUGH / FEVER / SORE THROAT / SHORTNESS OF BREATH	}	YES	<input type="text"/>
		NO	<input type="text"/>

COVID-19 TEST TO BE DONE 3 DAYS PRIOR TO ARRIVAL AT HMI (COPY OF REPORT TO BE ATTACHED)	}	<b><u>DATE</u></b> :
		<b><u>RESULT</u></b> :

**NOTE** : AAROGYA SETU APP SHOULD BE DOWNLOADED.

TRAINEE'S SIGNATURE \_\_\_\_\_