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 PRACTIONER

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, Varicocole, undescended testis, haemoroids):_____
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	_____	_____		_____	_____

2. H/O any night blindness _____.

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.

Seal/ Signature
Name:
Date…… 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

Medical Officer
Date…… 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).

Individuals with following disease will not allowed to move to base camp, required not to apply for the 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
(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 AMS/ HAPO/HACO

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	☐
	NO	☐
HAVE YOU BEEN IN CLOSE CONTACT WITH A CONFIRMED CASE OF COVID-19 IN THE LAST 14 DAYS	YES	☐
	NO	☐
ARE YOU CURRENTLY EXPERIENCING SYMPTOMS OF COVID-19 (COUGH / FEVER / SORE THROAT / SHORTNESS OF BREATH	YES	☐
	NO	☐
COVID-19 TEST TO BE DONE 10 DAYS PRIOR TO ARRIVAL AT HMI (COPY OF REPORT TO BE ATTACHED)	**DATE** :	
	RESULT :	

NOTE : AAROGYA SETU APP SHOULD BE DOWNLOADED.

TRAINEE'S SIGNATURE _____