

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, Varicocole, 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 _____ _____
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/Typhoid : 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).

**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