

NEHRU INSTITUTE OF MOUNTAINEERING, UTTARKASHI

(THIS MEDICAL CERTIFICATE IS VALID FOR SIX MONTHS FROM THE DATE OF MEDICAL CONDUCTED)

Certificate by Medical Authority (Put : - or + Numbers or Alphabets only)

PRESENT PAST HISTORY	Symptoms			Illness		
	Injuries			Operations		
	Allergies			Cong. Defect		
GENERAL EXAM	Height (cms)			Weight (kgs.)		
	Chest (Nrml)			Chest (Exp)		
	Pulse/min			Resp. Rate/min.		
	B.P.(mm Hg)			Temp (0c)		
CVS	Vessels			Temp (0c)		
	H Rate/Min			H Size		
	Rhythem			H Sounds		
	Perf Pulses			JVP		
LUNGS	Br. Sounds			Bilat Exp. Expansion		
	Trachea			Br. Holding (Sec)		
ABDOMEN	Liver			Spleen		
	Abnormal Mass			Hernia		
	Haemorrhoids			Kidneys		
URINARY SYSTEM	Bladder			Testis		
	Prepuce			Hydrocoele		
CNS	Cranial N			Motor F		
	Sensory F			Mental F		
O&G	MC			Abnormal MC		
	PMT			PID		
	LMP			Obstertic		
DENTAL	Teeth (No)			Gums		
	Caries			Filling		
LAB	Blood Group			HB (gms%)		
	BT (min/sec)			CT (min/sec.)		
	Urine RE			Spec. Gravity		
	Sugar			Albumin		
	RBC			Pus Cells		
VACCINE	T.T (dt.)			T.A.B. (dt.)		
ENT	Sinuses			Tonsils		
	DNS			Epistaxis		
	Ear Drums	R	L	Mucosa		
	Wax	R	L	Near Vision	R	L
EYE	Distant Vision	R	L	Colour	R	L
	I O T (mmH2O)	R	L	Hearing	R	L

Space to write any significant finding/advice.

Certified that I, on this dt. _____ examined _____ age _____ sex _____ Religion _____ and found him/her medically fit to undergo _____ mountaineering course.
His/Her Blood Group is _____

Date _____

Signature of MO
Regd. No. & Designation

Certificate by Trainee/ Guardian

I Certify the I/ my ward did not conceal any past/present history of illness to the medical authority

Signature of Guardian _____

Signature of Trainee/Ward _____

Date _____

Dt. _____

(To be filled by Institute MO)

1. _____ was examined by me and found fit/unfit to undergo _____ course.
2. Opinion of specialist, Dist. Hospital, Uttarkashi has been obtained towards medically unfit candidate.

Date _____

Medical Officer
NIM Uttarkashi (Uttarakhand)

**INDIVIDUALS WITH FOLLOWING DISEASE WILL NOT BE ALLOWED TO MOVE TO
BASE CAMP, REQUIRED NOT TO APPLY FOR THE COURSE**

- (1) Cardiac Arrhythmia
- (2) Coronary Disease/ Undergone Cabg (or) Angioplasty
- (3) Heart Failure/ Rheumatic Heart Disease
- (4) Hypertension
- (5) Pulmonary Hypertension
- (6) Congenital Heart Disease
- (7) Chronic Obstructive Pulmonary Disease
- (8) Bronchial Asthma
- (9) Interstitial Lung Disease
- (10) Gastric Erosion/ Hemorrhagic Gastritis
- (11) Pregnant Women
- (12) Raynaud's Disease
- (13) Chronic Kidney Disease
- (14) Diabetes Mellitus
- (15) Stroke/ Cerebro Vascular Disease
- (16) Sickle Cell Disease
- (17) Psychology Disorders
- (18) Pneumothorax
- (19) Obstructive Sleep Apnea
- (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
- (26) Neurological Disease
- (27) Any other medical condition which can aggregate during course.