

**NEHRU INSTITUTE OF MOUNTAINEERING, UTTARKASHI**

(THIS MEDICAL CERTIFICATE IS VALID FOR ONE 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)**

- \_\_\_\_\_ was examined by me and found fit/unfit to undergo \_\_\_\_\_ course.
- 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.