



## MEDICAL FITNESS CERTIFICATE

(To be filled in by a registered medical practitioner in **BLOCK LETTERS**)

I certify that I have on this (date).....day of(month) ....., 200....,

medically examined the following person:

Name: .....

Son/Daughter/Wife\* of .....

and/or student of (institution name).....

Age: ....., Weight: .....

Pulse rate: ..... Blood Pressure:.....

Blood Test:..... Blood Group: .....

In my opinion, Mr/Miss/Mrs..... Whose's signature

is given below is fit to undergo ..... (name of the camp/trek/tour/safari) being organized

by **THE TRIPPY FROG**, Kullu, Himachal Pradesh, during the period (dates, from/to) .....

**Participant's Signature:** .....

Address: .....

Medical Practitioner's name in BLOCK LETTERS: .....

Professional seal:

**Medical Practitioner's signature:** ..... Address: .....

Date : .....

Place: .....

### Note:

- The medical practitioner should be M.B.B.S. and give his/her registration No. of medical council.

All disputes subject to jurisdiction within Kullu only.

- Applicant should not have Asthma, Epilepsy or other fits, and any major deformity, hernia & chronic diseases.