



Western Himalaya Mountaineering Centre

Registration Form

Medical Certificate

Photo

1. Name _____
2. Age _____ Weight _____
3. Date of last vaccination _____
(Tab, Cholera & Inoculation)
4. Respiration rate at Rest _____
5. Chest Expansion _____
6. Pulse Rate _____
7. Blood Pressure _____
8. Condition of Upper limb, _____
Toes and Feet
9. Urine Examination _____
10. Eyes/Ears/Throat _____
11. Blood Test _____
12. Blood Group _____
13. Applicant should not have Asthma, Epilepsy or other fits and any other major deformity,
hernia and chronic disease _____

In my opinion Mr/Mrs/Miss _____

whose signature and address is given below is fit to undergo

Signature of the applicant

Signature of Medical Officer with seal

Date _____

Place _____

Note:- The medical officer should be MBBS and give his registration number of the council.