



Trekker Medical Form (To be completed by registered medical practitioner only)

Applicant Name:

DOB: MM/DD/YYYY

Blood Group:

Height:

Weight:

BMI:

Emergency Contact Name & No:

Pulse rate at rest Must be in between (60 to 90 beats per minute)	
Blood Pressure Reading	
Respiratory rate at rest Must be in between (12 to 20 breaths per minute)	
Liver and kidney conditions	
Is the trekker under medication of any kind? If yes please mention details	
Has the trekker suffered from any kind of altitude related illness in the past? If yes give details	
Any drug allergies	
Does the applicant suffer from any chronic disease like - Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Overall physical fitness	

I have medically examined the Applicant and found him/her fit to undergo an Adventure activity, Trip or Trekking expedition in high Altitude areas & in the mountains.

Name of Dr.

Reg No.

Examination Date:

Signature & Seal of Doctor

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