

**NEHRU INSTITUTE OF MOUNTAINEERING
UTTARKASHI-249193 INDIA
MEDICAL FORM (Certificate)**

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

PRESENT PAST HISTORY	Symptoms			Illness		
	Injuries			Operation		
	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	Vessls			H Size		
	H Rate/Min			H Sounds		
	Rhythem			JVP		
	Perf Pulses			Varicose Veins		
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		
EYE	Distant Vision	R	L	Near Vision	R	L
	I O T (mmH2O)	R	L	Colour	R	L
ENT	Ear Drums	R	L	Hearing	R	L
	Wax	R	L	Tonsils		
	Sinuses			Epistaxis		
	DNS			Mucosa		
DENTAL	Teeth (No)			Gums		
	Caries			Filling		
LAB	Blood Group			HB (gms%)		
	BT (min/sec)			CT (min/sec.)		
	Urine RE			Spec. Gravity		
	Sugar			Albumin		
VACCINE	RBC			Pus Cells		
	T.T (dt.)			T.A.B. (dt.)		

Space to write any significant finding/advice.

Certified that I, on this dt. _____ examined _____ age _____ sex _____ Region _____ 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 part/present history of illness to the medical authority

Signature of Guardian
Date _____

Signature of Trainee/Ward
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