



Wondertrails



MEDICAL FORM

Injuries/ Operation- Any major injury/operation carried out in last one years

Any Allergies- Any allergy

Congenital Defect- Any congenital defect

Height (cms)-

Weight (kgs.)-

Pulse/mi-

Resp. Rate/min.-

B.P.(mm Hg)-

EYE- Distant Vision R L

Near Vision R L

Blood Group-

HB (gms%)

Space to write any singnificant finding/advice.

Certified that I, on this dt. _____ examined _____ age _____ sex _____
Region _____ and found him/her medically fit to undergo this trekking activity.

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 Signature of Trainee/Ward
Date _____ Dt. _____