



## Medical Fitness Tests

Please note that this trek is not advised for those suffering from chronic health problems, like epilepsy or blood pressure related conditions, heart ailments, severe asthma and/or physical disabilities. If you are being treated for diabetes, please check with your physician if any change in medication is needed due to the altitude and trekking involved.

Below is a list of recommended medical tests:

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|--|---|
| <ol style="list-style-type: none"> <li>1. Complete blood count with ESR</li> <li>2. FBS - Fasting blood Sugar (only for diabetes patients)</li> <li>3. PPBS - Post Prandial Blood Sugar</li> <li>4. Blood Urea</li> <li>5. Serum Creatinine</li> </ol> | <ol style="list-style-type: none"> <li>6. PFT - Pulmonary function test</li> <li>7. ECG</li> <li>8. X-Ray Chest PA View</li> <li>9. TMT - Tread Mill Test</li> <li>10. Echo Cardiogram</li> </ol> |
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### Medical Fitness Certificate

(To be completed by participant's physician)

Participant's Full Name:	Age:	Gender:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Blood Type:	Height:	Weight:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> cm	<input style="width: 95%;" type="text"/> Kg
Resting Pulse Rate:	Resting Respiratory Rate:	Resting BP (Sitting):
<input style="width: 95%;" type="text"/> /min	<input style="width: 95%;" type="text"/> /min	<input style="width: 95%;" type="text"/>

1. Any medical symptoms? Does it need monitoring?
  
2. Significant past history / illness / treatment?
  
3. Allergies: drugs, food, chemicals (if any)
  
4. Opinion on the results of investigations performed:
  
5. Diagnosis of current illness (if any):
  
6. List of any current/prophylactic medications needed:

This is to certify that Mr./Ms./Mrs./Miss ..... is  fit /  unfit to undertake the Kailash Yatra (19,000 feet above mean sea level).

Date:

Place:

Doctor's Signature:

Doctor's Name in block letters:

Doctor's Stamp:

Tel.No:

Registration No:

Note: Please also attach medical fitness certificate from concerned specialist(s), if you happen to have consulted any.