

MEDICAL CERTIFICATE

Full Name: _____ ; Passport No: _____

Date of Birth: _____ ; Age: _____ ; Sex: _____

Certification of Fitness:

I hereby certify that I have examined the above-named person on _____ and that he/she is reasonably fit to undertake travel to Kailash Manasarovar pilgrimage tour located at high altitude of over 4000 meters.

Results of medical examination(s) / test(s) done:

Blood Sugar: _____

Blood Pressure: _____

ECG: _____

Blood Group: _____

Remarks if any:

*Delete appropriately

Designated Doctor:

Name : _____ MCR No. : _____

Practice Address : _____

Email : _____ Tel : _____ Fax : _____

Date

Signature

Stamp of the Doctor or Clinic