



# YOUTH HOSTELS ASSOCIATION OF INDIA

(ISO 9001:2015 Certified Organization)

5, Nyaya Marg, Chanakyapuri New Delhi 110021

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## Medical Certificate

Name .....

Father / Spouse Name .....

DOB .....

Address .....

City .....Pin.....State.....

I am Vaccinated for Covid-19- First Dose Yes  No  | Second Dose Yes  No

I assure that I will follow the Covid-19 guidelines during the Program.

Present illness / Past illness / Physical Disability		Is the Applicant suffering from	
		Any Infectious Disorder	Yes No
	Any unknown allergy to Drugs / Foodstuff	Hypertension	Yes No
		Bronchial Asthma	Yes No
	History of taking drugs for Chronic Disease	Diabetes Mellitus	Yes No
		Epilepsy	Yes No
		Heart Disease	Yes No
Above 45 years Male / Female	BP	ECG Report	Blood Sugar Report
Female	HB		

I have medically examined Mr /Ms \_\_\_\_\_ on (Date) \_\_\_\_\_ and found him / Her medically / Mentally fit to undergo any Adventure / Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease.

Name of Dr \_\_\_\_\_ Degree \_\_\_\_\_ Reg No \_\_\_\_\_

Signature & Seal