

JAWAHAR INSTITUTE OF MOUNTAINEERING & WINTER SPORTS,

NUNWAN, PAHALGAM-192126 -J&K

MEDICAL CERTIFICATE

A. GENERAL REMARKS (To be filled by candidate)

1. Name _____
2. Age _____
3. Height _____
4. Weight _____
5. Any Previous illness, their nature and duration _____
- _____
6. Any previous injuries, accident _____
- Present condition _____
7. Any operation undergone, their nature and result _____
8. Any previous exposure to high altitude and any problems encountered.
- _____
- } A deviation or more than 15% from normal will not be accepted.
- } There should be no complaint Due to previous illness, injuries Or operation etc

B. RESPIRATORY SYSTEM (To be filled by Doctor)

1. Respiratory rate at rest _____ Normal
2. Range of chest expansion _____ should be 5cms. Minimum
3. Any history of breathlessness _____
4. Any history of chest pain _____
5. Ever suffered from Asthma or Pleurisy _____
- } should be nil

C. CIRCULATORY SYSTEM (To be filled by Doctor)

1. Pulse rate at rest _____ Normal
2. Blood Pressure _____ Normal
3. Any history of giddiness or fainting attacks _____
4. Any history of palpitations _____
5. Any history of pain over heart region _____
- } Should be nil

D. ALIMENTARY SYSTEM

1. Any history of Hernia. If so operated or not. When was it operated?
 Any complaint after the operation? _____ } Should be nil

2. Any history of Appendicitis. If operated, the
 Present condition _____ }

3. Any history of recurring pain in the abdomen _____ }
 4. Any history of renal or intestinal colic _____ } Should be nil

E. NERVOUS SYSTEM:

1. Any history of Epilepsy or any other fits _____ should be nil

F. BONES AND JOINTS:

1. Any injury or accident _____
 Present condition _____ } should be without any complaint.
 History o fracture in previous six month will not
 be accepted .

3. Condition of toes and feet _____ } should be healthy

Date.....

Signature of the Medical Officer
Registration Number and Designation

(TO BE FILLED BY INSTITUTE MEDICAL OFFICER)

I, on the date _____ examined

Shri/ Smt/Kumari _____ and

Found him / her medically fit to undergo BMC / AMC / MOI / ADVENTURE / BSC / ISC / ASC / ALALANCHE RESCUE Course.

**Medical Officer
JIM & WS –J&K**

Dated _____

- NOTES:**
1. Medical Examination should be done by a doctor and if any criteria, as given in the medical Certificate form is not met, the person will be declared medically unfit.
 2. Findings of the doctor will be confirmed by the medical officer of this institute. Therefore, it is advised that this examination be taken seriously to avoid any disappointment later on.