**Confidential Medical Form**

**Name of the Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART ONE (To be fill by participate)**

Climb Up’s activities/programs take place in some remote and less-developed regions, without means of rapid evacuation, or medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountainous, high altitude, or other hazardous terrain. Common and uncommon signs and symptoms of altitude sickness should be expected. These include, but are not limited to: sleeplessness, coughing, loss of appetite, nausea, vomiting, and muscle pain or cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral edema. In addition, expose to microorganisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best efforts to treat drinking water and prepare food properly. A poor state of health can greatly increase the dangers and risk that can be incurred on these trips. Therefore, Climb Up as requires that all participants are examined by a physician, are properly immunized for the destination, and provide the part II information.

**Date:-**\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place:**-\_\_\_\_\_\_\_\_\_

**Disclaimer and Declaration**

 The…………………………. Activity/Program has its share of risks and dangers, especially in respect to the terrain, weather, high altitude and desolate nature.

Accident on this trek can cause one to get injured, fall ill and death too cannot be ruled out.

I hereby declare that my participation on this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold Climb Up wholly or partly responsible in case of accident, illness injury or death on the trek.

I have not come in the contact of any covid 19 person

I have not travelled anywhere abroad or any containment zone which was affected by covid 19

I don't have covid 19 or had covid but now I am covid negative I can provide reports

**Signature and Name of the participant**

**Place:**

 **Date:**

**PART TWO (TO BE FILL BY PHYSICIAN)**

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| Does the applicant suffer from any chronic disease like Diabetes, Mellitus, Bronchial Ashthma, Epilepsy, Heart problems etc? If yes, please mention details. |  |
| Blood Pressure Reading  |  |
| Is the applicant under medication of any kind? If yes please mention detail. |  |
| Has the applicant suffered from any kind of altitude related illness in the past? If yes please mention detail. |  |
| Overall physical fitness |  |
| Blood Group  |  |
| Any drug allergies |  |
| Any other observation |  |

I have medically examined Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (Date) \_\_\_\_\_\_\_\_\_\_

And found him/her fit to undergo the activity/program in high altitude areas and in the mountains and as per history and examination he/she is not suffering from any chronic disease.

**Name of**

**DR.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Degree**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reg.No**\_\_\_\_\_\_\_\_\_\_

**Signature and Seal**