

**ROCK CLIMBING SCHOOL, BHONGIR**  
**BHONGIR FORT , NALGONDA DISTRICT, TELANAGANA**



**MEDICAL CERTIFICATE**

**A. GENERAL**

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 history of Malaria or any other fever \_\_\_\_\_
9. Date of last vaccination, T.B. and cholera inoculation \_\_\_\_\_  
\_\_\_\_\_
10. Any previous exposure to high altitude and any problems encountered \_\_\_\_\_  
\_\_\_\_\_

**REMARKS**

- Too much overweight or too to normal should not be accepted. 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.
- should be protected against typhoid / cholera /tetanus.

**B. RESPIRATORY SYSTEM**

1. Respiratory rate at rest \_\_\_\_\_
2. Range of chest expansion \_\_\_\_\_
3. Any history of breathlessness \_\_\_\_\_
4. Any history of chest pain \_\_\_\_\_
5. Ever suffered from Asthma or Pleurisy \_\_\_\_\_

- Normal
- should be 5cms. Minimum
- should be nil

**C. CIRCULATORY SYSTEM**

1. Pulse rate at rest \_\_\_\_\_
2. Blood Pressure \_\_\_\_\_
3. Any history of giddiness or fainting attacks \_\_\_\_\_
4. Any history of palpitations \_\_\_\_\_
5. Any history of pain over heart region \_\_\_\_\_
6. Are the veins in any part enlarged or varicose ? \_\_\_\_\_

- Normal
- Normal (Above 140/90 mm.Hg will not be accepted.
- Should be nil

**D. ALIMENTARY SYSTEM**

- 1. Any history of dysentery or jaundice\_\_\_\_\_ should not be recent and persisting
- 2. Any history of Hernia. If so operated or not. When was it operated ?  
Any complaint after the operation?\_\_\_\_\_ } Should be nil
- 3. Any history of Appendicitis. If operated, the  
Present condition\_\_\_\_\_ } Should be nil
- 4. Any history of recurring pain in the abdomen\_\_\_\_\_ } Should be nil
- 5. Any history of renal or intestinal colic

**E. NERVOUS SYSTEM :**

- 1. Any history of Epilepsy of any other fits\_\_\_\_\_ Should be nil

**F. BONES AND JOINTS :**

- 1. Any injury or accident \_\_\_\_\_ } present condition should be without  
Present condition\_\_\_\_\_ } any complaint. History of  
fracture in previous six month  
will not be accepted .
- 2. Any history of Rheumatism\_\_\_\_\_ Should be nil
- 3. Condition of toes and feet\_\_\_\_\_ should be healthy

**G. BLOOD EXAMINATION:**

- 1. Percentage of Hemoglobin\_\_\_\_\_ less than 11 gm% in females  
Blood Group\_\_\_\_\_ and 13 gm% in males will not  
be accepted

**H. URINE EXAMINATION :**

- 1. Is sugar or albumin present? \_\_\_\_\_ should be nil
- In my opinion\_\_\_\_\_ is medically fit / unfit to  
Undergone a Mountaineering / Adventure

Date.....

Signature of the Medical Officer  
Registration Number and Designation

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- 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 the School. Therefore, it is advised that this examination be taken seriously to avoid any disappointment later on.