



TraWell Amigos Private Limited, Mumbai

Thane, Mumbai, Maharashtra, India.
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Medical Certificate

Name

Father / Spouse Name

DOB

Address

CityPin.....State.....

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

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