ROCKLIZARD

ADVENTURE • CONFIDENCE • MEMORIES

THE ROCK LIZARD ADVENTURE

Email: rocklizardalmora@gmail.com II Website: www.trladventure.com
Phone No. 9568794030 / 7060173696

Medical Fitness Certificate *(To be filled in by MBBS/MD/MS)*

Name		Photo of Participant
Age		
Height		
Weight		
Blood Pressure		
Blood Group		

Is applicant suffering from any diseases/ illness/accident related to

Coronary/ heart	Yes No		Pulmonary	Yes No	
Bone	Yes No		Vision	Yes No	
Psychological	Yes No		Dental	Yes No	
Asthma	Yes No		Diabetes	Yes No	
Allergies	Yes No		Blood Pressure	Yes No	

Space for writing any specific finding or advise

This is to certify that Mr/Ms_____is physically and mentally found fit on his/her examination, to undergo above mentioned adventurous mountaineering activity.

Signature of the Medical Doctor	Date	Full name/address/Reg.No/Seal