JAWAHAR INSTITUTE OF MOUNTAINEERING & WINTER SPORTS
Nunwan, Pahalgam, J&K (UT)-192126

MEDICAL CERTIFICATE

Health Criteria:

a) Physically fit with BMI (Body mass index) within normal range (17-23).
b) No past history and not on any medication for chronic illness such as hypertension, diabetes, asthma, heart disease, or psychiatric illness, etc.
c) No recent major surgeries or fracture in last one year

All enrolled participants must bring medical certificate available on the website, duly signed by the registered doctor.

A. GENERAL REMARKS (To be filled by candidate)

1. Name: _____
2. Age: _____
3. Gender: _____
4. Height: _____
5. Weight: _____
6. BMI: _____
7. Any Previous illness, their nature and duration: _____

_____

8. Any previous injury, accident: _____
9. Any operation undergone, their nature and result: _____

_____

10. Any previous exposure to high altitude and any problems encountered:

_____

There should be no complaint due to previous illness, injuries, or Operations etc.

B. RESPIRATORY SYSTEM (To be filled by doctor)

1. Respiratory rate at rest: _____ Normal
2. Range of chest expansion: _____ Should be 5cm 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: _____
2. Any history of Appendicitis. If operated?
   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:_____
2. History of fracture in previous six months: _____
3. Condition of toes and feet: _____

Should be without any complaint. History or facture in previous six months will not be accepted.

Should be healthy

Date: _____

Signature of the Medical Officer
Registration Number & Designation

(TO BE FILLED BY THE 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/SNR/Avalanche Rescue Course.

Medical Officer
JIM & WS-J&K

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.