



Grit & Zeal Adventures

Ser No. _____ Date _____

Trek Name _____ Trek Date _____

PRELIMINARY INFORMATION

Name: _____

Height (cm): _____ Age: _____ Weight (kg): _____ Gender: _____ BMI: _____

Blood group: _____ Waist circumference (cm): _____ Waist-height ratio: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AND SPECIFICALLY AS POSSIBLE:

(If you answer Yes to any questions, kindly mention details).

1. Do you suffer from any chronic illnesses or disease (for eg, diabetes, hypertension)? _____
2. Have you had any illnesses or injuries in the past one month? (Knee injuries, ligament tears, sprains, fractures etc) _____
3. Have you ever undergone any surgeries or procedures in your life? If yes, please mention details of the same and when you had them. _____
4. Are you under any medication or therapy for any physical or mental issues of any kind? _____
5. Do you have any history of neurological problems (eg, seizures etc)? _____
6. Do you have any history of lung disorders, breathlessness, asthma? _____
7. Do you have any history of any pre-existing heart condition? _____
8. Do you have any family history of heart conditions (first degree relatives)? _____
9. Any history of palpitations, chest pain, fainting, giddiness? _____
10. Any history of recent gastrointestinal infection, dysentery, jaundice? _____
11. Do you smoke? If yes, how many a day? _____
PS: Please note that smoking is strictly not allowed on any of our treks.
12. Any history of drug/food allergies, or food intolerances (eg, gluten intolerance)? _____
13. Have you done any high-altitude treks before? If yes: Did you have any of the following symptoms:
 - a. Headache Nausea Vomiting
 - b. Weakness Dizziness Disturbed
 - c. sleep

I have elicited a detailed history and conducted a virtual/ in-person assessment of Mr/Ms _____ on date _____ and found him/her fit to undergo a trekking expedition in the high altitudes of the Himalayas.

As per the detailed history provided to me, he/she does not suffer from any ailment that can be a deterrent to a trekking expedition.

NAME OF PHYSICIAN:

MEDICAL COUNCIL REGISTRATION NUMBER:

SEAL WITH SIGNATURE

DISCLAIMER:

The issued certificate is a preliminary screening of health to be able to participate on the abovementioned trek. Final approval for the trek will be done at the base camp by the trek leader based on physical evaluation parameters. It is not possible to predict the probability of acute mountain sickness (AMS) at high altitude. AMS does not depend on age, sex, physical fitness or prior high-altitude exposure. No biomedical tests are available to diagnose AMS.