

**MEDICAL CERTIFICATE**

Applicant's Full Name .....

Nationality ..... Passport Number .....

Date of Birth ..... Gender .....

E-Mail ..... Mobile .....

**TO BE FILLED BY DOCTOR**

**Certificate of Applicant's Fitness** *(Please check the boxes below)*

I hereby certify that based on the medical examination of the above-named individual on ..... (DD/MM/YY)

- He / She does not have any prevailing ailments or historical condition related to Cardiovascular or Respiratory system (s) nor seizures or epilepsy
- He / She is reasonably fit to undertake travel to Kailash Mansarovar pilgrimage tour located at an altitude of over 4000 meters

**Detail Results of Medical Tests as follows**

- Blood Sugar level:
- Blood Pressure:
- ECG:
- Blood Group:

Additional Remarks (if any) .....

**DOCTOR'S DETAILS**

Name of Doctor / Specialist .....

Clinic Address .....

Email ..... Phone .....

.....

**(Date)**

.....

**(Doctor's Signature)**

.....

**(Stamp of Clinic)**