

## MEDICAL FITNESS CERTIFICATE

(To be filled in by a registered medical practitioner in BLOCK LETTERS)

I certify that I have on this (date).....day of (month) ....., 20.....,  
Medically examined the following person:

Name: .....

Son/Daughter/Wife\* of .....

A student / Trainee /Individual/ Faculty of .....

Age: ....., Weight: .....

Pulse rate: ..... Blood Pressure:.....

Blood Test:..... Blood Group: .....

\*Applicant should not have Asthma, Epilepsy or other fits, and any major deformity,  
hernia & chronic diseases.

In my opinion, Mr./Miss./Mrs.....  
who's signature is given below is fit to undergo .....  
(name of the camp/trip/tour/trek) being organized by MANUTOURISMCOOP, Manali,  
Himachal Pradesh, during the period from.....to .....

Participant's Signature:.....

Address:.....

.....

Medical Practitioner's name in BLOCK LETTERS: .....

Professional seal:

Medical Practitioner's signature: .....

Address:.....

.....

Date:

Place:

### Note:

- 1) The medical practitioner should be M.B.B.S. and give his/her registration No. of medical council.
- 2) All disputes are subject to jurisdiction within courts of Manali only.

### Contact us:

#### Manu Tourism Co op

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