



Youth Hostels Association of India

(ISO 9001:2015 Certified Organization)

5, Nyaya Marg, Chanakyapuri New Delhi 110021
Contact@yhaindia.org | 7827999000 | www.yhaindia.org



Medical Certificate

Duly signed by registered Medical Practitioner (MBBS / MD only)

Name _____

Father/ Spouse Name _____

Date of Birth _____ Blood Group _____

Father/ Spouse Name _____

Address _____

City _____ State _____ Pin Code

I am Vaccinated for Covid-19

Yes

No

Present illness / Past illness / Physical Disability	In the applicant suffering from	
Any unknown allergy to Drugs/ Foodstuff	Any infectious Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hypertension	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bronchial Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of taking Drugs for Chronic Disease	Diabetes Mellitus	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Heart Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>

For participates above 45 years.

BP	HB	ECG Report	Blood Sugar Report

I have medically examined Mr. / Ms

_____ and found him/her medically/Mentally fit to undergo any Adventure/ trekking expedition in high altitude areas and in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease.

Name of Dr. _____ Degree _____ Reg. No. _____

Date and Seal

Signature of Medical Officer