

DOCTOR'S CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

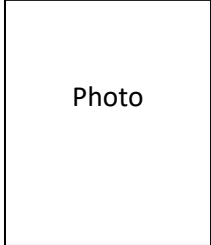
Shri/Smt./Ms. _____ has planned a trip to

Kailash Mansarovar Yatra from..... to..... They will be away from medical support during this time. We would like to apprise of their adequate physical and medical condition for the expedition so that your expedition leader is fully alerted to any potential health problems.

Overall Physical Condition:

Ability to participate on the intended trip (YES/NO)

Any medical conditions, one should be made aware of:



To the best of our knowledge the following medication may or may not be given.

MEDICINES	Ok to Give	Should Not be Given and WHY
Antibiotics	Ok to give	NO
Acetazolamide(Diamox)	Ok to give	NO
Aspirin	Ok to give	NO
Anti-nausea agents (Eg- Metoclopramide)	Ok to give	NO
Benzodiazepines	Ok to give	NO
Dexamethasone	Ok to give	NO
Nifedipine	Ok to give	NO
Non-steroidal anti-inflammatory agents	Ok to give	NO
Local anesthetic	Ok to give	NO
Paracetamol	Ok to give	NO
Promethazine/ other antihistamines	Ok to give	NO
Sulphur Drugs	Ok to give	NO
Any other Medicines	Ok to give	NO
Known allergies (including food & Bites)	Ok to give	NO

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Emergency Contact Name / Number of Family :

Signature & Seal of Doctor