

**COMPULSORY HEALTH CERTIFICATE FOR
SHRI AMARNATHJI YATRA 2017**

PART A: (TO BE FILLED BY APPLICANT)

1. Name _____ S/o;D/o; W/o

Address

2. Date of Birth _____ Identification mark:

_____ Blood Group: _____

3. DECLARATION: Have you suffered from or have history of any of the following:

a) Breathlessness Yes No b) Diabetes Yes No

c) Respiratory/ lung ailment Yes No d) High Blood pressure Yes No

e) Blood disorder Yes No f) Asthma Yes No

g) Bleeding tendencies Yes No h) Epilepsy Yes No

i) Heart ailment Yes No j) Nervous breakdown Yes No

k) Joint Pains Yes No l) High altitude/mountain sickness Yes No

m) Discharge from ear Yes No n) History of stroke/ paralysis Yes No

o) Are you a smoker Yes No p) Are you pregnant: Yes No
(*applicable to female Yatris*)

q) History of Heart Attack; if yes, please specify _____

r) History of sudden death in family members; if yes, please specify _____

s) Any major injury in the past; if yes, please specify _____

t) Any other ailment; if yes, please specify _____

u) History of surgery; if yes, please specify _____

v) Are you undergoing under any medication; if yes, please specify_____

w) Are you allergic to drugs, foods and chemicals; if yes, please specify_____

4. I hereby declare that the particulars given above are true to the best of my knowledge and belief,, and nothing has been concealed.

Date_____ Signature/ thumb impression of the Applicant)

PART B: (TO BE FILLED BY AUTHORISED MEDICAL AUTHORITY)

On the basis of information furnished by the applicant, detailed examination and the necessary investigations, it is certified that Mr/Ms/Mrs

_____ **is fit to undertake the journey to the Shri Amarnathji Holy Cave Shrine.**

Details of any specific test conducted before issuing the certificate: _____

Name of the

Doctor_____

Designation:_____ Signature and seal of Authorized Medical Authority

Date of issue:_____

MCI/ State Medical Council Registration No:_____