

# Mountains Wayward

Learn, Climb and Conquer

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## MEDICAL FITNESS CERTIFICATE

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport / ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

I hereby certify that I have examined the above-mentioned participant and found them medically fit to participate in adventure and outdoor activities conducted by **Mountains Wayward**.

- Is physically and mentally fit for strenuous outdoor and adventure activities.
- Has no medical condition that would prevent safe participation in high-altitude or physically demanding environments.
- Has no contagious illness at the time of examination.
- Has been advised regarding safety precautions associated with adventure activities.

### *Medical Examination Details*

Blood Pressure: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Respiratory Condition: \_\_\_\_\_

Cardiovascular Condition: \_\_\_\_\_

Previous Major Illness / Surgery: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

**Current Medications (if any):** \_\_\_\_\_

**Additional Remarks:** \_\_\_\_\_

### ***Doctor's Declaration***

**Doctor's Name:** \_\_\_\_\_

**Qualification:** \_\_\_\_\_

**Hospital / Clinic Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Signature & Stamp:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### ***Participant Declaration***

I confirm that the information provided above is true and complete to the best of my knowledge. I understand the risks associated with outdoor and adventure activities.

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_