

MEDICAL CERTIFICATE FOR HIKING

Patient Name:		Age/Sex	
Address:		Blood type	
Contact no.:			
Climb information	Destination:		
	Days required:		Organizer
	Difficulty and elevation		

To whom it may concern:

This is to certify that the patient has been examined by the undersigned on

_____ (MM/DD/YY)

Based on the details regarding the climb, the personal information provided by the patient and the physical examination, I confirm that the patient is:

- Fit to participate in the climb
- Not fit to participate in the climb

Recommendations:

Attached are the details of the history and physical examination.

Signature over printed name of physician: _____

License number: _____

HISTORY AND PHYSICAL EXAMINATION

Current condition			
Past illnesses			
Previous surgery			
Smoking / Drugs			
Allergies			
Do you have any of the following conditions / have you experienced any of the following symptoms? (Encircle the appropriate answer)			
Greater than 20 weeks pregnant	Y	N	
Uncontrolled hypertension, or suffer from any heart condition with symptoms such as chest pain and easy fatigability?	Y	N	
Shortness of breath or frequent asthma attacks in the last month?	Y	N	
Epilepsy or seizures (within 6 months from having been diagnosed)	Y	N	
Blackouts, fainting, dizziness, vertigo or balance problems within the last 6 months	Y	N	
A limb, joint or back injury that currently affects fitness, strength or ability to climb independently	Y	N	
Is this your first time climbing a mountain?	Y	N	
If the answer to #14 is yes, have you experienced any form of high-altitude sickness or symptoms? Upset stomach? Joint pains?	Y	N	
Have you undergone any form of pre-climb training / conditioning in preparation for this climb?	Y	N	
Physical Examination			
General survey			
HEENT			
Chest			
Heart			
Abdomen			
Musculoskeletal			
Neurologic			
Skin			

Signature over printed name of physician: _____
 License number: _____