KAHLUR ADVENTURES INDIA

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MEDICAL CERTIFICATE

1. NAME	2. AGE	
3. Height	4. WEIGHT	
5. DATE OF LAST VACCINATION (Tab, Cholera &In	noculation) Photo Att	ested by
6. Respiration Rate at Rest	7. Chest Expansion Medical	Officer
8. Pulse Rate	9. Blood Pressure	
10. Condition of Upper limb, Toes and Feet	11. Urine Examination	
12.Eyes/ Ears/ Throat	13 .Blood Group	
Applicant should not have Asthma, Epilepsy or any o In my opinion Mr./Ms.		xpedition
		xpedition
		xpedition.
	R E G I S T R A TION NUMBER OF THE COUNCIL Date	xpedition.
	Whose signature is given below is fit to undergo above e	xpedition.