Annexure-I

COMPULSORY HEALTH CERTIFICATE FOR SHRI AMARNATHJI YATRA 2017

Affix cross-signed (by Yatri) recent photograph

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: (*applicable to female Yatris*)	☐ Yes ☐ No

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: _____