

HEALTH CERTIFICATE FOR SHRI MANI MAHESH YATRA- 2024

PART A:- (TO BE FILLED BY APPLICANT)

1. NameS/o,D/o,W/o.....Address
.....
2. Date of Birth Permanent identification Mark
Gender 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 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.

Dated:-/...../..... 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 is fit to undertake Investigations, it is certified that Mr./Ms./Mrs the journey to the Shree Mani Mahesh Yatra, 2024.

Details of any specific test conducted before issuing the certificate

Name of the Doctor:

Designation:.....

Date of issue:.....

Signature and seal of Authorized Medical Authority

MCI/State Medical Council Registration No.