

COMPULSORY HEALTH CERTIFICATE FOR Kinnaur Kailash Yatra 2025

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photograph here

PART A (TO BE FILLED BY APPLICANT)

1. Name _____ S/o.D/o.W/o _____

Address _____

2. Date of Birth _____ Identification mark- _____ Blood group _____

DECLARATION: Have you suffered from or have history of any of the following:

a) Breathlessness ☐ Yes ☐ No

c) Respiratory/lung ailment

e) Blood disorder

g) Bleeding tendencies

i) Heart ailments

k) Joint Pains

m) Discharge from ear

o) Are you a smoker

b) Diabetes

d) High Blood pressure

f) Asthma

h) Epilepsy

i) Nervous breakdown

l) High altitude/mountain sickness

n) History of stroke paralysis

p) Are you pregnant

(applicable to female yatries)

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)

Pulse:

BP:-

Spo2

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 Kinnaur Kailash Yatra

Details of any specific test (if any) conducted before issuing the certificate: _____

Name of the Doctor: - _____

Designation: - _____

Date of issue:- _____

Signature and seal of Authorized Medical Authority