HEALTH CERTIFICATE FOR SHRI MANI MAHESH YATRA 2024

Please paste one recent passport size photograph

PART A:- (TO BE FILLED BY APPLICANT)

1. Name ……..S/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 aliment	☐ 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 post, 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 investigations, it is certified that Mr./Ms./Mrs…….. is fit to undertake the journey to the Shree Mani Mahesh Yatra, 2024.

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. ……..**

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