



RIDGE ADVENTURE FOUNDATION

Nilgiri Colony Mango (Behind Big Bazaar), Jamshedpur, India – 831012

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Medical / Fitness Form

Name _____,

Address _____,

City _____, Zip Code _____, Nationality _____, Date of Birth _____,

Gender _____, Height _____, Weight _____,

has been taking any medicine _____, if answered Yes, name of the medicine currently taking

Any type of heart problems _____,

Blood pressure _____, Pulse Rate _____,

Any kind of knee surgery _____, if Yes, what was the knee surgery for? _____.

Any kind of back problem _____, if Yes, what is the back problem _____.

Any other medical condition that affects the ability to participate safely in this activity?

This is Certify that Mr./ Miss/ Mrs. _____,

is fit for **expedition / outdoor activity name** (max altitude **height** ft)

Doctor's name _____,

Doctor's Signature _____, Reg. No. _____,

Seal _____, Date _____,

It is mandatory that you get yourself checked by a qualified doctor before attending this Outbound Training Program. This medical form does not intend to scare you, but rather help you in detection of any pre-existing medical condition which might cause a safety concern or other issues during the Outbound Training Program.