



ALPINE CLIMBERS
live a life of adventure

Medical Registration Form

www.alpineclimbers.in | trek@alpineclimbers.in | Office No : 99871 59309

All fields marked with (*) are mandatory

Name*

Mr/Ms	First Name	Middle Name	Surname

Fathers/Husband Name*

Mr/Ms	First Name	Middle Name	Surname

Date of Birth*		Occupation*	
Mobile No.*		Email Add*	
Age*	Height*	Weight*	Blood Group*

Residential Address*

House/Street Road/Location	City	State/Counrty	Pincode	District

Medical Information*

Present illness	Past illness	Physical Disability	Is the applicant suffering from	
			Infectious Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any known allergy to drugs/sulpha drug/foodstuff			Hypertension	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any operation undergone, their nature and result			Heart Diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Bone Injury:			Fainting Attacks	Yes <input type="checkbox"/> No <input type="checkbox"/>
To be filled by applicant above 40 years			ECG Report	Blood Sugar
For Females (Anyone on Birth control & Pregnancy)			Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSON TO NOTIFY IN CASE OF AN EMERGENCY*

Name	Relationship	City/State/Counrty	Pincode	Contact No./Email



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All fields marked with (*) are mandatory

Previous Exposure to Trek / High Altitude*

If Yes, then please fill out the details mentioned below | No

High Altitude (in Feet's)	Any Sickness Occurred During The Trek

Disclaimer*

I (Your name) _____ hereby acknowledge the risk of injury in undertaking a Trek/Trip with ALPINE CLIMBERS and understand the physical and mental requirements involved, and I in full knowledge of such risk, am participating in these activities. In the event of an accident involving the participant named above, or loss or damage to his/her personal effects, I agree that ALPINE CLIMBERS will not be liable for any direct or indirect loss, damage, injury even death arising from or in connection with the activities.

I (Your name) _____ hereby declare that all the details furnished by me are true and correct and I have read the Terms & Conditions as given to me by ALPINE CLIMBERS.

Date: _____

Place: _____

Signature of Participant

(ANY THREE SCAN COPIES FROM BELOW OPTIONS TO BE ATTACHED WITH THE FORM)*

Note: This information is only for verification process and will not be shared to any individual or third party:

Pancard Passport Voter Card Adhaar Card ElectricityBill Rent Agreement

For applicant outside from INDIA, passport would be required as identification proof