



Rajasthan Rajya Bharat Scouts & Guides

State Training & Adventure Centre, Mount Abu – 307501 (Raj)

Tel. No. : 02974 – 238662 Fax: 02974 – 235052, E-mail: rajscoutguide@rediffmail.com

MEDICAL CERTIFICATE

Name _____ Address _____

_____ Date of Birth _____

_____ Single / Married _____ 1) Present / Past illness _____

2) Injuries / operations undergone and present condition _____

3) Any known allergy to drugs of food stuff _____

4) Blood Group No. _____

5) Is the Applicant Suffering from

- | | |
|----------------------------------|----------|
| (i) Any Infectious disease | Yes / No |
| (ii) Any Skin disease | Yes / No |
| (iii) Mental disease | Yes / No |
| (iv) Heart Trouble | Yes / No |
| (v) Asthma | Yes / No |
| (vi) Any other disease / problem | Yes / No |

6) I, on this date _____ have examined Mr. / Miss / Mrs. _____ and found him / her medically fit / unfit to undergo an Adventure Programme.

Medical Officer

Date _____

Registration Number & Designation

RISK CERTIFICATE

(FOR APPLICANTS BELOW 18 YEARS OF AGE)

It is certified that my son / daughter / ward Mr. / Miss _____ is joining the above mentioned Adventure Programme with my consent and the Institute shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the above said Adventure programme.

Signature of Parent / Guardian

Relationship with participant _____

Name _____

Address _____

Place : _____

Date : _____
