

## *The Heritage Walk on Fort Kumbhalgarh*

*Serial No.*

### **SELF-DECLARATION OF HEALTH STATUS**

I declare that I am voluntarily participating in Heritage walk at Khumbhalgarh Fort to be organised on 30<sup>th</sup> November 2017. I am not suffering from my medical illness/ailments/disability which would effect adversely on my participating in this walk. I have not been diagnosed or treated for any serious illness during last 5 years.

Date :

Signature of Participant

*The Heritage Walk on Fort Kumbhalgarh*

**CERTIFICATE OF MEDICAL FITNESS**  
**(To be filled by camp duty Medical Officer on 30/11/2017)**

It is certified that I have examined Mr. /Mrs. /Miss  
..... Son / Daughter/ wife of  
..... resident of  
..... Participating in heritage walk at  
Kumbhalgarh Fort. No serious illness, disability, ailment, infirmity or  
weakness has been found except  
.....

In my opinion he/she fit/unfit to participate in a foresaid event. The age  
of participant as declared by participant is ..... years and upon  
appearance is .....years.

Signature of Participant

Medical Officer  
Camp duty "Heritage  
Walk at Kumbhalgarh Fort"  
Kumbhalgarh (Rajsamand)

## GENERAL MEDICAL HEALTH CHECK UP FORM

(To be filled by any Registered Medical Officer)

(The certificate should not be older than 15 days)

Name : ----- Age -----

Registration No. -----

SYSTEMS	FINDINGS	COMMENTS	
GENERAL	BMI	NORMAL	ABNORMAL
	TEMPERATURE _____ F	NORMAL	ABNORMAL
	RESP RATE _____/mint	NORMAL	ABNORMAL
	BP _____ mmHg	NORMAL	ABNORMAL
	PULSE RATE _____/MINT	NORMAL	ABNORMAL
CVS	HEART SOUND S1/S2	NORMAL	ABNORMAL
	MURMURS	ABSENT	PRESENT
	REGURGITATION	ABSENT	PRESENT
RESPIRATORY	CHEST TENDERNESS	ABSENT	PRESENT
	RALES	ABSENT	PRESENT
	RHONCHI	ABSENT	PRESENT
	WHEEZING	ABSENT	PRESENT
	RUB	ABSENT	PRESENT
	DULLNESS ON PERCUSSION	ABSENT	PRESENT
ABDOMAN	SOFTNESS	NORMAL	ABNORMAL
	TENDERNESS	ABSENT	PRESENT
	HEPTOSPLENOMEGALY	ABSENT	PRESENT
	DISTAINTION	ABSENT	PRESENT
	COSTOVERTIBRAL ANGLE	ABSENT	PRESENT
	TENDERNESS	ABSENT	PRESENT
EXTRIMITIES	ANY HERNIA	ABSENT	PRESENT
	ANY VISIBLE DEFORMITY	ABSENT	PRESENT
	CLUBBING	ABSENT	PRESENT
	CYNOSIS	ABSENT	PRESENT
	VERICOSITIES	ABSENT	PRESENT
PSYCHONEUROLOGICAL ASSEMENT	OEDEMA	ABSENT	PRESENT
	GENERAL BEHAVIOUR AND ATTITUDE	NORMAL	ABNORMAL
ENT	TONGUE	NORMAL	ABNORMAL
	OROPHARYNX	NORMAL	ABNORMAL
	THYROID	NORMAL	ABNORMAL
	TYMPANIC MEMBRANE	NORMAL	ABNORMAL
OTHER SPECIFIC FINDING	ANY LYMPHADINOPATY	ABSENT	PRESENT
	ANY PREVIOUS SURGICAL INTERVANTION	ABSENT	PRESENT
PERSONAL HISTORY	CHRONIC ALCHOHOLIC	NO	YES
	CHRONIC SMOKER / TOBACCO ADDICT	NO	YES
	CHRONIC HYPERTENTION	ABSENT	PRESENT
	DIABETES	ABSENT	PRESENT
	BRONCHIAL ASTHAMA	ABSENT	PRESENT
	FAMILY HISORY OF EPILAPSY	ABSENT	PRESENT
	ANY ALLERGIC HISTORY	ABSENT	PRESENT
ANY KNOWN DRUG HYPERSENSITIVITY	ABSENT	PRESENT	

SUGNATURE OF MEDICAL OFFICER  
(WITH SEAL)