

Date: [Date]

To Whom It May Concern,  
Medical Department / Expedition Organizers

**Subject: Certificate of Medical Fitness for High Altitude Trekking**

This is to certify that I have examined [**Participant's Full Name**], aged [**Age**], resident of [**Address/City**].

Based on the clinical examination and review of medical history, I find the individual to be in good physical health and free from any chronic cardiovascular, respiratory, or musculoskeletal conditions that would prevent them from participating in high-altitude trekking activities up to [**Expected Altitude, e.g., 5,000 meters**].

The participant's vital signs are as follows:

- Blood Pressure: [Insert Reading]
- Resting Heart Rate: [Insert Reading]
- Respiratory Rate: [Insert Reading]
- SpO2 (Room Air): [Insert Percentage]

In my professional opinion, [**Participant's Name**] is medically fit to undertake the [**Name of Trek/Expedition**] scheduled for [**Date of Trip**].

Sincerely,

[Doctor's Signature]  
[Doctor's Full Name, Degree/Title]  
[Medical License Number]  
[Clinic/Hospital Name]  
[Contact Phone Number]

[Hospital/Clinic Stamp]