

CHAR DHAM Registration - Health Screening Questionnaire

Demographic:

1. First Name: _____ 2. Last Name: _____
3. Height (ft/in): _____ 4. Weight (kgs): _____ 5. Gender: _____
6. Contact number: _____

Emergency contact details:

1. Contact Name: _____ Contact Number: _____
2. Contact Name: _____ Contact Number: _____

Clinical history:

Please ✓ under YES or NO for the below statements:

	Yes	No
1. Previous history of the below conditions:		
a). Breathlessness		
b). High blood pressure		
c). Asthma		
d). Diabetes		
e). Heart-related conditions		
2. Currently pregnant?		
3. Over 55 years of age?		

Thank you for your cooperation