

**Royal Enfield Himalayan Odyssey 2024
MEDICAL CERTIFICATE**

(To be completed by the doctor in CAPITAL letters)

Participant's Name					
Blood Group		Height		Weight	
		Normal	Abnormal	Details	
Cardio-vascular system					
Blood Pressure (mention reading)					
Pulse					
Respiratory system					
Nervous system					
Central					
Peripheral					
Ear, nose & throat, in particular vestibulocochlear apparatus					
Right					
Left					
Locomotor System					
Arm - Right					
Arm - Left					
Leg - Right					
Leg - Left					
Spine					
Abdomen (Hernia)					
Urine					

Albumen			
Glucose			

IS THE PARTICIPANT DIABETIC ?			
THYROID OK ?			
IS THE PARTICIPANT ASTHMATIC ?			
Eyes – Distant Vision		Without correction	With correction
Right			
Left			

I, the undersigned certify that in respect of the Royal Enfield Himalayan Odyssey 2024, this person

- Is fit to take part
- Is not fit to take part

Doctor's Name: _____

Date: _____ Signature & Seal

Participant Declaration

I declare to bear the risk of my participation in Royal Enfield Himalayan Odyssey 2024 on the basis of the recommendation above as well as in my own cognizance and that I attest that everything in the medical certificate is true to the doctors and my knowledge.

Participant Signature _____