

Royal Enfield Himalayan Odyssey 2025
MEDICAL CERTIFICATE

(To be completed by the doctor in CAPITAL letters)

Participant's Name					
Blood Group		Height		Weight	
		Normal	Abnormal	Details	
Ca r dio- v a scu la r system					
Blood Pressure (Readings)					
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		
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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 2025, 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 2025 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 _____