

**MEDICAL CERTIFICATE**

(To be completed by a doctor in CAPITAL letters)

Participant's Name					
Blood Group		Height		Weight	
		<b>Normal</b>	<b>Abnormal</b>	<b>Details</b>	
Cardio-vascular system					
Blood Pressure (mention reading)					
Pulse					
Respiratory system					
<b>Nervous system</b>					
Central					
Peripheral					
<b>Ear, nose &amp; throat, in particular vestibule cochlear apparatus</b>					
Right					
Left					
<b>Locomotor System</b>					
Arm - Right					
Arm - Left					
Leg - Right					
Leg - Left					

Spine			
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Abdomen (Hernia)			
<b>Urine</b>			
Albumen			
Glucose			
<b>IS THE PARTICIPANT DIABETIC?</b>			
<b>THYROID OK?</b>			
<b>IS THE PARTICIPANT ASTHMATIC?</b>			
<b>Eyes – Distant Vision</b>	<b>Without correction</b>	<b>With correction</b>	
Right			
Left			

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I, the undersigned certify that in respect of the Royal Enfield Tour of Bhutan 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 Himalayan Adventure Tour of Bhutan 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 doctor's and my knowledge.

Participant Signature \_\_\_\_\_