

## MOROCCAN ODYSSEY 2026

(To be completed by the 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 cochlea apparatus</b>					
Right					
Left					
<b>Locomotor System</b>					
Arm – Right					
Arm – Left					
Leg – Right					
Leg – Left					
Spine					
Abdomen (Hernia)					
<b>Urine</b>					
Albumen					
Glucose					
<b>Eyes – Distant Vision</b>			<b>Without correction</b>		<b>With correction</b>
Right					
Left					

I, the undersigned certify that in respect of **MOROCCAN ODYSSEY 2026**, this person

- Is fit to take part in a 10-day motorcycle ride
- Is not fit to take part

Doctor's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature & Seal