

MOROCCAN ODYSSEY 2026

(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 vestibule cochlea apparatus					
Right					
Left					
Locomotor System					
Arm – Right					
Arm – Left					
Leg – Right					
Leg – Left					
Spine					
Abdomen (Hernia)					
Urine					
Albumen					
Glucose					
Eyes – Distant Vision			Without correction	With correction	
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