

**Royal Enfield UNSEEN - Northeast 2026  
MEDICAL CERTIFICATE**

(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 vestibulocochlear 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>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			

I, the undersigned certify that in respect of the Royal Enfield UNSEEN - Northeast 2026, 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 UNSEEN - Northeast 2026 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 \_\_\_\_\_