

MEDICAL HISTORY BY SELF

(To be completed by the participant in CAPITAL letters)

Participant's Name					
Sex		Date of Birth			
			No	Yes	Details
Loss of consciousness for any reason, dizziness or headache					
Eye problems (except glasses)					
Asthma					
Allergy to medicines or drugs					
Diabetes					
Heart problem					
Blood pressure disorder					
Stomach problems (ulcer, etc.)					
Uro-genital problems					
Epilepsy or convulsions					
Mental or nervous disorders					
Problems with arms or legs including muscle cramp or joint stiffness					
Blood disorder with tendency to bleeding					
Operations					
Do you take medicine or drugs regularly?					
Have you been rejected or accepted at increased premium for life insurance on medical grounds?					

- a. I have not been banned, on medical grounds, from taking part in any sport.
- b. I do not take drugs and do not abuse alcohol.
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the ride coordinators and Royal Enfield.
- d. I declare that the information that I have given is true.
- e. I agree to the information on the Medical Examination form being sent to the Doctors deployed by Royal Enfield.

Note: The act of producing this certificate at the **Moto Himalaya 2020** is deemed to be a formal declaration by its holder that he/ she, since its issue, has suffered no illness or injury which might be liable to affect its validity.

Signature of the applicant _____

MEDICAL CERTIFICATE BY DOCTOR
(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 Moto Himalaya 2020, this person

- Is fit to attempt the physical fitness test (for evaluation of physical fitness) and take part
- Is not fit to take part

Doctor's Name: _____

Date: _____

Signature & Seal