

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 cochlear apparatus					
Right					
Left					
Locomotor System					
Arm – Right					
Arm – Left					
Leg – Right					
Leg – Left					
Spine					
Abdomen (Hernia)					
Urine					
Albumen					
Glucose					

Royal Enfield Scramble Maharashtra 2020

Eyes – Distant Vision		Without correction	With correction
Right			
Left			

I, the undersigned certify that with respect to the Royal Enfield Scramble Maharashtra 2020, this person

- Is fit to take part
- Is not fit to take part

Doctor's Name: _____

Date: _____

Signature & Seal