***ROYAL ENFIELD UNROAD KARNATAKA 2021***

**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?  |  |  |  |
| ***BLOOD GROUP*** |  |  |  |

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 Royal Enfield **UNROAD KARNATAKA 2021** 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1