**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 | |  |  |  | | |
| **Eyes – Distant Vision** | | | Without correction | | | **With correction** |
| Right | |  |  | | |  |
| Left | |  |  | | |  |

I, the undersigned certify that in respect of the Royal Enfield Himalayan Adventure Mustang 2021, this person

* Is fit to take part
* Is not fit to take part

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Seal