**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 with respect to the Royal Enfield Konkan Chase 2020, this person

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

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

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