

**ROYAL ENFIELD MOTO HIMALAYA 2025**  
**FITNESS CERTIFICATE**

(To be completed by your doctor in CAPITAL letters)

Participant's Name					
Blood Group		Height		Weight	
		<b>Normal</b>	<b>Abnormal</b>	<b>Details</b>	
Cardio-vascular system					
Blood Pressure (mention reading)					
Pulse					
Respiratory system					
<b>Nervous system</b>					
Central					
Peripheral					
<b>Ear, nose &amp; throat, in particular vestibulocochlear apparatus</b>					
Right					
Left					
<b>Locomotor System</b>					
Arm – Right					
Arm – Left					
Leg – Right					
Leg – Left					

Spine			
Abdomen (Hernia)			
<b>Urine</b>			
Albumen			
Glucose			
<b>IS THE PARTICIPANT DIABETIC ?</b>			
<b>THYROID OK ?</b>			
<b>IS THE PARTICIPANT ASTHMATIC ?</b>			
<b>Eyes – Distant Vision</b>		<b>Without correction</b>	<b>With correction</b>
Right			
Left			

I, the undersigned, certify that with respect to ROYAL ENFIELD MOTO HIMALAYA 2025, this person

- Is fit to take part in a 10-day motorcycle ride at altitudes exceeding 11,000 ft above sea level.
- Is not fit to take part in a 10-day motorcycle ride at altitudes exceeding 11,000 ft above sea level.

Doctor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature & Seal

### **Participant Declaration**

I declare to bear the risk of my participation Royal Enfield Moto Himalaya 2025 based on the recommendation above as well as in my own cognizance and that I attest that everything in the medical certificate is true to the doctor's and my knowledge.

Participant Signature \_\_\_\_\_