

MEDICAL CERTIFICATE

(To be completed by a 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			
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Abdomen (Hernia)			
Urine			
Albumen			
Glucose			
IS THE PARTICIPANT DIABETIC?			
THYROID OK?			
IS THE PARTICIPANT ASTHMATIC?			
Eyes – Distant Vision		Without correction	With correction
Right			
Left			

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I, the undersigned certify that in respect of the Royal Enfield Himalayan Adventure Mustang 2025, this person

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

Doctor's Name: _____

Date: _____ Signature & Seal

Participant Declaration

I declare to bear the risk of my participation in Himalayan Adventure Mustang 2025 on the basis of 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 _____