

MEDICAL CERTIFICATE

(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			
---------	--	--	--

IS THE PARTICIPANT DIABETIC ?			
THYROID OK ?			
IS THE PARTICIPANT ASTHMATIC ?			
Eyes – Distant Vision		Without correction	With correction
Right			
Left			

1

I, the undersigned certify that in respect of the Royal Enfield Sands of Time 2021, 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 Royal Enfield Sands of Time 2021 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 _____

2