**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 Tour of Thailand, this person

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

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

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