# **Medical history by self**

### (To be completed by the participant in CAPITAL letters)

|  |  |
| --- | --- |
| Participant’s Name |  |
| Sex |  | Date of Birth |  |  |  |
|  | No | Yes | Details |
| Loss of consciousness for any reason, dizziness or headache |  |  |  |
| Eye problems (except glasses) |  |  |  |
| Asthma |  |  |  |
| Allergy to medicines or drugs |  |  |  |
| Diabetes |  |  |  |
| Heart problem |  |  |  |
| Blood pressure disorder |  |  |  |
| Stomach problems (ulcer, etc.) |  |  |  |
| Uro-genital problems |  |  |  |
| Epilepsy or convulsions |  |  |  |
| Mental or nervous disorders |  |  |  |
| Problems with arms or legs including muscle cramp or joint stiffness |  |  |  |
| Blood disorder with tendency to bleeding |  |  |  |
| Operations |  |  |  |
| Do you take medicine or drugs regularly? |  |  |  |
| Have you been rejected or accepted at increased premium for life insurance on medical grounds? |  |  |  |

1. I have not been banned, on medical grounds, from taking part in any sport.
2. I do not take drugs and do not abuse alcohol.
3. In case of an injury I give permission to the Medical Staff to release any relevant information to the ride coordinators and Royal Enfield.
4. I declare that the information that I have given is true.
5. I agree to the information on the Medical Examination form being sent to the Doctors deployed by Royal Enfield.

**Note:** The act of producing this certificate at the Royal Enfield **Tour of Thailand** is deemed to be a formal declaration by its holder that he/ she, since its issue, has suffered no illness or injury which might be liable to affect its validity.

Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_