

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? | | | | | |

- a. I have not been banned, on medical grounds, from taking part in any sport.
- b. I do not take drugs and do not abuse alcohol.
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the ride coordinators and Royal Enfield.
- d. I declare that the information that I have given is true.
- e. 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 **Moto Himalaya 2020** 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 _____

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 cochlea 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 in respect of Moto Himalaya 2020, this person

- Is fit to attempt the physical fitness test (for evaluation of physical fitness) and take part
- Is not fit to take part

Doctor's Name: _____

Date: _____

Signature & Seal