Royal Enfield Uncover North East 2024

**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 vestibulocochlear 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  |  |  |  |

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I, the undersigned certify that in respect of the Royal Enfield Uncover North East 2024, 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 Uncover North East 2024 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 doctors and my knowledge.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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