

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 2019, 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