

SECTION 3. ANNUAL MEDICAL SELF DECLARATION MUST BE COMPLETED BY ALL COMPETITORS IN FULL

Competition Licence No.: _____

Name: _____

Date of Birth: ____/____/____. Gender: Male Female

| | | | | |
|-------------------------------|--|-----|----|--|
| Your Doctor's name: | | | | |
| Doctor's address: | | | | |
| Doctor's phone number: | | | | |
| 1. | Are corrective lenses (contact lenses or glasses) required for driving? | YES | NO | (If 'Yes', give details in the box provided) |
| 2. | Have you ever been refused life assurance for medical reasons? | YES | NO | (If 'Yes', give details in the box provided) |
| 3. | Have you been prescribed or are you taking any of the substances shown in the WADA (World Anti-Doping Agency) listings? See www.wada-ama.org | YES | NO | (If 'Yes', give details in the box provided) |
| 4. | Have you had any surgical procedures within the last 2 years? | YES | NO | (If 'Yes', give details in the box provided) |
| 5. | Do you suffer from any allergies for which you take medication or otherwise? | YES | NO | (If 'Yes', give details in the box provided) |
| 6. | Do you take, or have you ever taken, such drugs as opium, morphia, cocaine, heroin, cannabis etc.? | YES | NO | (If 'Yes', give details in the box provided) |

If you tick 'YES' to any of questions below, it is necessary to provide MI with an up to date Doctor's Certificate

| | | | | |
|-----|---|-----|----|--|
| 7. | Do you have Diabetes? If the answer is yes please ask your Doctor to fill in the 'Additional Comments' box on the Doctor's Certificate stating that your condition is well controlled by prescribed medication and is under regular supervision. This comment has to be stamped by a Doctor or presented on an official letterhead. | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 8. | Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 9. | Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 10. | Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 11. | Have you ever had heart disease or a heart disorder? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 12. | Have you ever suffered from a psychiatric illness, a mental disorder (including treatment for depression) or any behavioural problem including ADHD? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 13. | Have you ever had a head injury with concussion or unconsciousness? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 14. | Have you ever had dizziness, fainting fits, epilepsy or blackouts? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |

If you ticked 'YES' to any of the above, please give detailed information in the box provided below.**It is necessary for you to provide a Doctor's Certificate from your General Practitioner or Specialist if any of the questions 7 to 14 are ticked 'YES'.****ADDITIONAL DETAILS:****I hereby declare that the above statements are true and accurate and I give permission to any hospital or medical practitioner to furnish information relating to my medical state to Motorsport Ireland.****I undertake to advise Motorsport Ireland in writing without delay of any change in my state of health.****Applicant's signature:****Date:****Parent's/Guardian's signature:****Date:****(If aged 17 or under)**

SECTION 4. DO YOU NEED A MEDICAL?

Applicants applying for International Licences: (JANUARY TO DECEMBER ONLY AVAILABLE)

A medical examination must be carried out each year by a doctor less than 3 months before the application for an International Driver's/Navigator's licence is submitted.

N.B. A cardiovascular aptitude examination must be carried out every two years:

- for competitors aged under 45, this must be a 12 –lead ECG;
- for competitors aged 45 and over, this must be a stress test ECG;

Applicants aged 45 and over applying for National Race, Kart, Speed, Stage Rally Driving & Midget Car Racing Licences:

- You are required to submit a new Doctor's Certificate from your doctor for each competition year.

N.B. No ECG required.

Applicants aged under 45 for National Race, Kart, Speed, Stage Rally Driving & Midget Car Racing Licences:

- If you HAVE previously provided a Doctor's Certificate you are not required to submit one unless requested by MI.
- If you HAVE NEVER provided a Doctor's Certificate to MI you are required to have your doctor complete section 5.

SECTION 5. DOCTOR'S CERTIFICATE

All medical examinations must be carried out by a doctor of medicine authorised to practice in the Republic of Ireland or in the U.K.

To your doctor – Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.

1. Doctor's name and qualifications:.....

1a. Doctor's Medical Council Registration Number (or for UK, General Medical Council)

1b. Doctor's practice stamp:

1c. Applicant's FULL name

| | |
|--------------------------------|--|
| Date of Birth: | |
| Height (cm)/Weight (kg) | |

| | | | |
|---|--|-----|-----|
| 1 | Are you the regular attendant of the applicant? | YES | NO |
| 2 | Is there any abnormality of the heart or cardiovascular system? If 'Yes', give details below. | YES | NO |
| 3 | Has the applicant ever suffered from epilepsy, seizures or any other neurological condition? If 'Yes', give details below. | YES | NO |
| 4 | Does the applicant have any physical abnormality or restriction of movement in the arms or legs? If 'Yes', give details below? | YES | NO |
| 5 | Is the patient's blood pressure normal? If 'No', give details below? | YES | NO |
| Vision – To be recorded in metric Snellen acuity: | | | |
| 6 | Uncorrected (without corrective lenses) | R / | L / |
| 7 | Corrected (wearing corrective lenses if necessary) | R / | L / |
| 8 | Is there any ocular history of visual field loss? If 'Yes', give details below. | YES | NO |
| 9 | Are there any abnormalities on the colour vision (Ishihara) test? If 'Yes', give details below. | YES | NO |
| 10 | Has the applicant been immunised against tetanus in the past 10 years? | YES | NO |
| 11 | Is there any evidence of a physical or mental condition in the applicant's medical history? If 'Yes', give details below | YES | NO |
| 12 | Does the applicant require special medical supervision? If 'Yes', give details below. | YES | NO |
| In view of the above stated results of my examination, I recommend that: | | | |
| 13 | The applicant is physically and mentally fit to drive in Race, Kart, Speed and Rally events. (If 'NO' please complete Q14) | YES | NO |
| 14 | I recommend that the applicant be reviewed by the Motorsport Ireland Medical Panel | YES | NO |
| <u>The questions below are for competitors applying for an International Licence ONLY.</u> <u>Depending on age, a 12 lead or Stress Test ECG must be carried out every two years</u> | | | |
| 15 | Date when the ECG was performed? (the ECG is valid for two years) | | |
| 16 | Is the 12 lead resting ECG normal? (for International licence applicants aged UNDER 45) | YES | NO |
| 17 | Is the Stress Test ECG normal? (for International licence applicants aged 45 and OVER) | YES | NO |

Doctor's comments:

Doctor's signature:

Date of examination:

