

SECTION 2: ANNUAL MEDICAL SELF DECLARATION**ANY MISSED LINES/QUESTIONS WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION**

DOCTOR'S NAME	
DOCTOR'S ADDRESS	
DOCTOR'S PHONE	

NO.	CATEGORY A	YES	NO
A1	Are corrective lenses (contact lenses or glasses) required for driving?		
A2	Have you ever been refused life assurance for medical reasons?		
A3	Have you had any surgical procedures within the last 2 years?		
A4	Do you suffer from any allergies for which you take medication or otherwise?		
A5	Have you ever taken any substance shown in the World Anti-Doping Agency listings? [See wada-ama.org]		

IF YOU ANSWERED "YES" TO ANY QUESTION IN CATEGORY A, GIVE DETAILS IN THE BOX BELOW

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NO.	CATEGORY B	YES	NO
B1	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided]		
B2	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?		
B3	Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?		
B4	Have you ever had any disease or disorder of the eyes other than glasses or contact lenses?		
B5	Have you ever had heart disease or a heart disorder?		
B6	Have you ever suffered from a psychiatric illness, mental disorder or behavioural issue (including ADHD/depression)?		
B7	Have you ever had a head injury with concussion or unconsciousness?		
B8	Have you ever had dizziness, fainting fits, epilepsy, or blackouts?		

PLEASE READ THE FOLLOWING DECLARATION AND SIGN AND DATE BELOW

I hereby declare that all above and previous 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 give permission to Motorsport Ireland to digitally store my licence details and any medical records I provide them with. I undertake to advise Motorsport Ireland in writing without delay of any change in my state of health.

APPLICANT'S SIGNATURE (OR PARENT/GUARDIAN SIGNATURE IF AGED 17 OR UNDER)	DATE

**SECTION 3: DOCTOR'S CERTIFICATE
FOR DOCTOR'S USE ONLY**

APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH
DOCTOR'S NAME	
DOCTOR'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)	
DATE OF EXAMINATION (MUST BE WITHIN 3 MONTHS PRIOR TO APPLICATION)	DOCTOR'S SIGNATURE
DOCTOR'S PRACTICE STAMP	DOCTOR'S COMMENTS

HEIGHT:		WEIGHT:	
PLEASE RECORD VISION IN METRIC SNELLEN ACUITY (CORRECTED AND UNCORRECTED)			

NO.	[IF YES, TO ANY QUESTION EXCEPT C1 OR C8, PLEASE PROVIDE DETAILS IN COMMENT BOX ABOVE]	YES	NO
C1	Are you the regular attendant of the applicant?		
C2	Is there any abnormality of the heart or cardiovascular system?		
C3	Has the applicant ever suffered from any neurological condition?		
C4	Is there any physical abnormality or restriction of movement in the arms or legs?		
C5	Does the patient show signs of abnormal blood pressure?		
C6	Is there any ocular history of visual field loss?		
C7	Are there any abnormalities on the colour vision (Ishihara) test?		
C8	Has the applicant been immunised against tetanus in the past 10 years?		
C9	Is there any evidence of a physical or mental condition in the applicant's history?		
C10	Does the applicant require special medical supervision?		
C11	Is there a medical reason that the applicant should not compete in motorsport?		
C12	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

SECTION 4: ECG FOR COMPETITORS UNDER 45 YEARS OLD

**IF YOU ARE AGED UNDER 45 YEARS OLD, HAVE YOUR DOCTOR/GP COMPLETE THIS SECTION
IF YOU ARE AGED 45 YEARS OR OLDER, PLEASE SKIP TO SECTION 5
THIS SECTION IS REQUIRED EVERY SECOND CALENDAR YEAR**

NO.	ECG FOR INTERNATIONAL APPLICANTS ONLY [UNDER 45 YEARS OLD]	YES	NO
D1	Is there any problem indicated by the 12-lead resting ECG?		
D2	Date when the ECG was performed (the ECG is valid for two years):		

SECTION 5: CARDIOLOGIST CLEARANCE FORM

**THIS PAGE MUST ONLY BE COMPLETED BY A REGISTERED CARDIOLOGIST
THIS PAGE IS ONLY REQUIRED IF YOU ARE AGED 45 YEARS OR OLDER**

APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH
CARDIOLOGIST'S NAME	
CARDIOLOGIST'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)	
DATE OF EXAMINATION	
CARDIOLOGIST'S PRACTICE STAMP	CARDIOLOGIST'S SIGNATURE

NO.	QUESTION	YES	NO
E1	Was a 12-lead ECG performed?		
E2	Was a stress ECG performed?		
E3	Does the patient have any history of medical issues that may prevent them from operating a vehicle?		
E4	Is there any reason for the patient to require a follow-up examination in less than the three-year validity of this form?		
E5	Is there a medical reason that the applicant should not compete in motorsport?		
E6	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

ANY OTHER NOTES:

SECTION 6: LICENCE OPTIONS

IF YOU ARE UNSURE WHICH LICENCE GRADE YOU NEED, PLEASE CONSULT YOUR CHAMPIONSHIP REGULATIONS, FIA INTERNATIONAL SPORTING CODE APPENDIX L, AND/OR THE MOTORSPORT IRELAND OFFICE

ALL FIA INTERNATIONAL LICENCES ARE PRICED €275 AND EXPIRE ON 31 DECEMBER OF THE YEAR WHICH THEY ARE ISSUED

FIRST TIME INTERNATIONAL LICENCE APPLICANTS MUST CONTACT THE OFFICE FOR ACCESS TO ONLINE TRAINING

CIRCUIT										
X	TITLE	CODE	DISCIPLINE	WEIGHT/POWER RATIO						
	INTERNATIONAL A	ITA	Single seaters Prototypes	W/P 0 < 1 KG/HP						
	INTERNATIONAL B	ITB	Single seaters Prototypes GTs Touring cars	W/P 1 < 2 KG/HP						
	INTERNATIONAL C	ITC-C	Single seaters Prototypes GTs Touring cars	W/P 2 < 3 KG/HP						
			Trucks 1 Autocross Super Buggy Rallycross Supercar HF1/Indy (G), HF2 (H), HF5000, HFA, HGC, CanAm	N/A						
			INTERNATIONAL D	ITD-C	Single seaters Prototypes GTs Touring cars Trucks 2 Drift D1	W/P 3 < KG/HP				
					Autocross (Except Super Buggy) Rallycross (Except Supercar) HF1/Indy (G), HF2 (H), HF5000, HFA, HGC, CanAm	N/A				
					INTERNATIONAL E	ITE	Karting Senior Autocross – XC Senior Rallycross Junior	N/A W/P 5 < KG/HP		
							INTERNATIONAL F	ITF	Karting Senior – Restricted Autocross – XC Junior	N/A
									INTERNATIONAL G	ITG

ROAD						
X	TITLE	CODE	DISCIPLINE	WEIGHT/POWER RATIO		
	INTERNATIONAL C	ITC-R	Rally1, Rally2, RGT Cross Country (T1) Hill Climb (CN/D, E2 CATII)	W/P 3 < 5 KG/HP N/A		
			INTERNATIONAL D	ITD-R	Rally3, Rally4, Rally5 Cross Country (Except T1) Hill Climb (except CN/D, E2 CATII)	W/P 5 < KG/HP
					Historic Speed Rally Historic Hillclimb	N/A

ADDITIONAL CHARGES				
	NON-MEMBER	€275	Non-member fees must be paid if you are not a member of an M.I. affiliated club. MI Membership is a separate entity to MI affiliated clubs and is not valid as a club stamp. Priority fees apply to late applications which need to be processed within three days. Same-day fees ensure same-day processing. An upgrade fee must be paid when supplying event finishes. Duplicate licence fees must be paid in the case of lost licence cards.	
	PRIORITY FEE	€100		
	SAME-DAY FEE	€200		
	DUPLICATE	€40		
	UPGRADE	€30		

