



34 DAWSON STREET

DUBLIN 2, D02 RF90

TEL.: 01-677 5628

FAX: 01-671 0793

INFO@MOTORSPORTIRELAND.COM

MOTORSPORTIRELAND.COM

2021 CARDIOLOGIST CLEARANCE FORM

THIS PAGE IS REQUIRED ONLY IN THE FOLLOWING CIRCUMSTANCES:

IF YOU ARE OVER 45 YEARS OLD AND WISH TO APPLY FOR AN INTERNATIONAL LICENCE.
VALID FOR 3 YEARS UNLESS CARDIOLOGIST RECOMMENDS OTHERWISE.

IF THE MEDICAL ADVISORY BOARD HAS ASKED FOR THIS DOCUMENT

THIS PAGE MUST ONLY BE COMPLETED BY YOUR CARDIOLOGIST

| | |
|--|---------------------------|
| 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:

| |
|--|
| |
|--|