



**SECTION 2: ANNUAL MEDICAL SELF DECLARATION MUST BE COMPLETED BY ALL COMPETITORS IN FULL**

Please complete the following information:

NAME	
LICENCE NO.	
DATE OF BIRTH	
DOCTOR'S NAME	
DOCTOR'S ADDRESS	
DOCTOR'S PHONE	

**PLEASE ANSWER ALL QUESTIONS FROM SECTION A & SECTION B**

**IF YOU ANSWER "YES" TO ANY QUESTION IN THIS SECTION, GIVE DETAILS IN THE BOX PROVIDED AT THE END OF THIS PAGE**

NO.	SECTION 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 ANSWER "YES" TO ANY QUESTION IN THIS SECTION, A VALID DOCTOR'S CERTIFICATE IS REQUIRED [P.3]**

NO.	SECTION 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:	DATE
PARENT/GUARDIAN SIGNATURE (IF AGED 17 OR UNDER):	DATE

ADDITIONAL DETAILS:

### SECTION 3: DOCTOR'S CERTIFICATE

#### THIS PAGE IS REQUIRED ONLY IN THE FOLLOWING CIRCUMSTANCES:

IF YOU ARE A RACE / RALLY / SPEED / KART/ AUTOCROSS / MIDGET CAR DRIVER WHO HAS NOT SUPPLIED A DOCTOR'S CERT BEFORE

IF YOU ARE AGED OVER 45 YEARS OLD AND WISH TO DRIVE IN A RACE / RALLY / SPEED / KART / AUTOCROSS / MIDGET CAR EVENT OR APPLYING FOR AN INTERNATIONAL DRIVER'S LICENCE, A DOCTOR'S CERTIFICATE IS REQUIRED EVERY YEAR.

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION IN SECTION B ON P.2

IF YOU ARE APPLYING FOR AN INTERNATIONAL LICENCE (VALID JAN-DEC ONLY). PLEASE NOTE YOU MUST ALSO SUPPLY THE FOLLOWING:

-IF YOU ARE UNDER 45 YEARS OLD, YOU MUST ALSO UNDERTAKE A 12-LEAD ECG AND HAVE YOUR DOCTOR ANSWER QUESTIONS D1/D2

- IF YOU ARE OVER 45 YEARS OLD, YOU MUST PROVIDE A CARDIOLOGIST CLEARANCE FORM (AVAILABLE SEPARATELY)

**THIS PAGE MUST ONLY BE COMPLETED BY YOUR DOCTOR AND RECEIVED BY MI WITHIN 3 MONTHS.**

<b>APPLICANT'S NAME</b>	<b>APPLICANT'S DATE OF BIRTH</b>
<b>DOCTOR'S NAME</b>	
<b>DOCTOR'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)</b>	
<b>DATE OF EXAMINATION</b>	<b>DOCTOR'S SIGNATURE</b>
<b>DOCTOR'S PRACTICE STAMP</b>	<b>DOCTOR'S COMMENTS</b>

NO.	QUESTIONS [IF YES, TO ANY QUESTION EXCEPT C1 OR C9, 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	Please record vision in metric Snellen acuity below.		
	Uncorrected left / right:	/	Corrected left / right: /
C7	Is there any ocular history of visual field loss?		
C8	Are there any abnormalities on the colour vision (Ishihara) test?		
C9	Has the applicant been immunised against tetanus in the past 10 years?		
C10	Is there any evidence of a physical or mental condition in the applicant's history?		
C11	Does the applicant require special medical supervision?		
C12	Is there a medical reason that the applicant should not compete in motorsport?		
C13	Do you recommend that the Motorsport Ireland medical panel review this applicant?		
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):		



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### 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 NAME	
CARDIOLOGIST 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 two-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:**

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