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## 2019 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

IF THE MEDICAL ADVISORY BOARD HAS ASKED FOR THIS DOCUMENT

**THIS PAGE MUST ONLY BE COMPLETED BY YOUR DOCTOR**

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	
DOCTOR'S PRACTICE STAMP	DOCTOR'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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