

SECTION 2: ANNUAL MEDICAL SELF DECLARATION

THIS PAGE MUST BE COMPLETED BY ALL COMPETITORS IN FULL

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

IF YOU ANSWER "YES" TO ANY QUESTION IN THIS SECTION, GIVE DETAILS IN THE BOX PROVIDED

| 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] | | |
| ADDITIONAL DETAILS: | | | |
| | | | |

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? | | |

DECLARATION

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 undertake to advise Motorsport Ireland in writing without delay of any change in my state of health. I hereby apply for registration for the year 2019/2020 on the Competitors and Drivers Register of Motorsport Ireland and I undertake, if registered, to submit to and be bound by the International Sporting Code of the FIA and the General Competition Rules and Regulations of Motorsport Ireland, the Irish Anti-Doping Rules and any regulations supplementary thereto as may be imposed from time to time by Motorsport Ireland. I have read and understood the terms of issue and am a permanent resident of the Republic of Ireland and/or I am an Irish National and I do not hold a current Competition Licence from any other ASN. I hold an Irish passport or I will supply proof of permanent residency within the ROI every year. I agree to abide by the guidelines and regulations contained in Motorsport Ireland's General Code of Conduct, the Code of Conduct for Children's Sport and Motorsport Ireland's Social Media Policy.

| | |
|---|-------------|
| APPLICANT'S SIGNATURE [OR] PARENT/GUARDIAN SIGNATURE (IF AGED 17 OR UNDER) | DATE |
| | |

SECTION 3: DOCTOR'S CERTIFICATE

THIS PAGE IS REQUIRED ONLY IN THE FOLLOWING CIRCUMSTANCES:

ALL INTERNATIONAL LICENCES (VALID JAN-DEC ONLY)

- UNDER 45 YEARS OLD: MUST UNDERTAKE 12-LEAD ECG AND HAVE DOCTOR ANSWER QUESTIONS D1/D2
- OVER 45 YEARS OLD: MUST PROVIDE CARDIOLOGIST CLEARANCE FORM

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

ALL COMPETITORS AGED OVER 45 YEARS OLD WHO WISH TO ENTER A RACE, STAGE RALLY, SPEED, KART OR MIDGET CAR EVENT

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

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 [IF YES, TO ANY QUESTION EXCEPT C1, PLEASE PROVIDE DETAILS ON A DOCTOR'S LETTER] | 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 [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): | | |

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 YOU ARE UNDER 45 YEARS OLD, PLEASE HAVE YOUR DOCTOR COMPLETE QUESTIONS D1 / D2 IN SECTION 3.

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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NOMINATE SOMEONE YOU CARE ABOUT TO BECOME AN MI-MEMBER!

MI-membership is a new initiative from Motorsport Ireland that will offer consumer benefits to the wider motorsport community.

Think of all the people who have supported your passion and helped you to compete; now you can give them something back!

For just €10 per person you can nominate two of those people to become the very first group of MI-members. As a 2019 Motorsport Ireland licence holder, you will automatically become a member for free.

***PLEASE NOTE: THIS IS SEPARATE FROM MEMBERSHIP TO AN MI AFFILIATED CLUB,
WHICH IS STILL REQUIRED FOR YOUR LICENCE APPLICATION.***

*For more details, participating outlets and additional membership forms, please
visit motorsportireland.com/membership*

