



34 DAWSON STREET
DUBLIN 2, D02 RF90
TEL.: 01-677 5628
FAX: 01-671 0793
INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

2020 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:

--