

SECTION 5: CARDIOLOGIST CLEARANCE FORM

**THIS PAGE MUST ONLY BE COMPLETED BY A REGISTERED CARDIOLOGIST
IF YOU ARE 50-59 YEARS OLD, THIS FORM IS REQUIRED EVERY THREE CALENDAR YEARS
IF YOU ARE 60 YEARS OLD OR OVER, THIS FORM IS REQUIRED ANNUALLY**

APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH

NO.	QUESTIONS FOR ALL 50+ YEARS OLD APPLICANTS	YES	NO
E1	Is there any problem indicated by the 12-lead resting ECG?		
E2	Does the patient have any history of medical issues that may prevent them from operating a vehicle?		
E3	Is there any reason for the patient to require a follow-up examination?		
E4	Is there a medical reason that the applicant should not compete in motorsport?		
E5	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

NO.	ADDITIONAL REQUIREMENTS FOR 60+ YEARS OLD APPLICANTS	YES	NO
F1	Is there any problem indicated by the stress ECG?		

ANY OTHER NOTES:

CARDIOLOGIST'S NAME	
CARDIOLOGIST'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)	
DATE OF EXAMINATION	DATE OF ECG EXAMINATION
CARDIOLOGIST'S PRACTICE STAMP	CARDIOLOGIST'S SIGNATURE