



# MEDICAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS

**These requirements were changed by the FIA ahead of the 2024 motorsport year. Please take care to make sure you adhere to the updated requirements before you submit your application.**

In accordance with the 2024 FIA International Sporting Code, Appendix L, Chapter 2, the following are required for International Licence applicants:

FOR APPLICANTS UNDER THE AGE OF 50
Completed Medical Self-Declaration
An annual medical examination (Doctor's Certificate)
12-lead electrocardiogram (ECG) every three years

FOR APPLICANTS AGED 50-59
Completed Medical Self-Declaration
An annual medical examination (Doctor's Certificate)
12-lead electrocardiogram (ECG) every three years
Cardiologist Clearance form to be completed upon consultation with a registered cardiologist every three years

FOR APPLICANTS AGED 60 YEARS OLD AND OVER
Completed Medical Self-Declaration
An annual medical examination (Doctor's Certificate)
An annual stress electrocardiogram (ECG)
An annual Cardiologist Clearance form to be completed upon consultation with a registered cardiologist

**NOTE:**

**All medical examinations and questions must be completed within three months prior to submitting the form. If you submit a form outside of the three-month window in which the medical examination was completed, you will be requested to revisit the medical practitioner and complete new documentation.**

**Additionally, please check with your doctor that all questions are completed as incomplete forms will require an additional consultation and/or visit.**

**SECTION 2: ANNUAL MEDICAL SELF DECLARATION****ANY MISSED LINES/QUESTIONS WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION**

<b>DOCTOR'S NAME</b>	
<b>DOCTOR'S PHONE</b>	
<b>DOCTOR'S ADDRESS</b>	

<b>NO.</b>	<b>CATEGORY A</b>	<b>YES</b>	<b>NO</b>
<b>A1</b>	Are corrective lenses (contact lenses or glasses) required for driving?		
<b>A2</b>	Have you ever been refused life assurance for medical reasons?		
<b>A3</b>	Have you had any surgical procedures within the last 2 years?		
<b>A4</b>	Do you suffer from any allergies for which you take medication or otherwise?		
<b>A5</b>	Have you ever taken any substance shown in the World Anti-Doping Agency listings? [See wada-ama.org]		

**IF YOU ANSWERED "YES" TO ANY QUESTION IN CATEGORY A, GIVE DETAILS IN THE BOX BELOW**

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<b>NO.</b>	<b>CATEGORY B</b>	<b>YES</b>	<b>NO</b>
<b>B1</b>	Do you have diabetes?		
<b>B2</b>	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?		
<b>B3</b>	Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?		
<b>B4</b>	Have you ever had any disease or disorder of the eyes other than glasses or contact lenses?		
<b>B5</b>	Have you ever had heart disease or a heart disorder?		
<b>B6</b>	Do you currently suffer from or are receiving treatment for any psychiatric or mental illness?		
<b>B7</b>	Have you ever had a head injury with concussion or unconsciousness?		
<b>B8</b>	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.

<b>APPLICANT'S SIGNATURE (OR PARENT/ LEGAL GUARDIAN SIGNATURE IF AGED UNDER 18)</b>	<b>DATE</b>

**SECTION 3: DOCTOR'S CERTIFICATE  
FOR DOCTOR'S USE ONLY**

<b>APPLICANT'S NAME</b>	<b>APPLICANT'S DATE OF BIRTH</b>

<b>HEIGHT:</b>	
<b>WEIGHT:</b>	

<b>PLEASE RECORD VISION IN METRIC SNELLEN ACUITY (CORRECTED AND UNCORRECTED)</b>	
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<b>NO.</b>	<b>[IF YES, TO ANY QUESTION EXCEPT C1 OR C8, PLEASE PROVIDE DETAILS IN COMMENT BOX ABOVE]</b>	<b>YES</b>	<b>NO</b>
<b>C1</b>	Are you the regular attendant of the applicant?		
<b>C2</b>	Is there any abnormality of the heart or cardiovascular system?		
<b>C3</b>	Does the applicant suffer from any neurological condition?		
<b>C4</b>	Is there any physical abnormality or restriction of movement in the arms or legs?		
<b>C5</b>	Does the patient show signs of abnormal blood pressure?		
<b>C6</b>	Is there any ocular history of visual field loss?		
<b>C7</b>	Are there any abnormalities on the colour vision (Ishihara) test?		
<b>C8</b>	Has the applicant been immunised against tetanus in the past 10 years?		
<b>C9</b>	Is there any evidence of a physical or mental condition that impairs the applicant from competing in motorsport?		
<b>C10</b>	Does the applicant require special medical supervision?		
<b>C11</b>	Is there a medical reason that the applicant should not compete in motorsport?		
<b>C12</b>	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

<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>

**SECTION 4: ECG FOR COMPETITORS UNDER 50 YEARS OLD**

**IF YOU ARE AGED UNDER 50 YEARS OLD, HAVE YOUR DOCTOR/GP COMPLETE THIS SECTION  
IF YOU ARE AGED 50 YEARS OR OLDER, PLEASE SKIP TO SECTION 5  
THIS SECTION IS REQUIRED EVERY THREE CALENDAR YEARS**

<b>NO.</b>	<b>ECG FOR INTERNATIONAL APPLICANTS ONLY [UNDER 50 YEARS OLD]</b>	<b>YES</b>	<b>NO</b>
<b>D1</b>	Is there any problem indicated by the 12-lead resting ECG?		
<b>D2</b>	Date when the ECG was performed (the ECG is valid for three years):		

**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

## SECTION 6: LICENCE OPTIONS

**IF YOU ARE UNSURE WHICH LICENCE GRADE YOU NEED, PLEASE CONSULT YOUR CHAMPIONSHIP REGULATIONS, FIA INTERNATIONAL SPORTING CODE APPENDIX L, AND/OR THE MOTORSPORT IRELAND OFFICE**

**ALL FIA INTERNATIONAL LICENCES ARE PRICED €290 AND EXPIRE ON 31 DECEMBER OF THE YEAR WHICH THEY ARE ISSUED**

**FIRST TIME INTERNATIONAL LICENCE APPLICANTS MUST CONTACT THE OFFICE FOR ACCESS TO ONLINE TRAINING**

### CIRCUIT

X	TITLE	CODE	DISCIPLINE	AGE
	INTERNATIONAL A	ITA	SINGLE SEATERS (W/P 0 < 1 KG/HP) PROTOTYPES (W/P 0 < 1 KG/HP)	17+
	INTERNATIONAL B	ITB	SINGLE SEATERS (W/P 1 < 2 KG/HP) PROTOTYPES (W/P 1 < 2 KG/HP) GTS (W/P 1 < 2 KG/HP) TOURING CARS (W/P 1 < 2 KG/HP)	16+
	INTERNATIONAL C	ITC-C	SINGLE SEATERS (W/P 2 < 3 KG/HP) PROTOTYPES (W/P 2 < 3 KG/HP) GTS (W/P 2 < 3 KG/HP) TOURING CARS (W/P 2 < 3 KG/HP) TRUCKS 1 AUTOCROSS SUPER BUGGY RALLYCROSS SUPERCAR HF1/INDY (G), HF2 (H), HF5000, HFA, HGC, CANAM	16+
	INTERNATIONAL D	ITD-C	SINGLE SEATERS (W/P 3 < KG/HP) PROTOTYPES (W/P 3 < KG/HP) GTS (W/P 3 < KG/HP) TOURING CARS (W/P 3 < KG/HP) TRUCKS 2 (W/P 3 < KG/HP) DRIFT D1 (W/P 3 < KG/HP) AUTOCROSS (EXCEPT SUPER BUGGY) RALLYCROSS (EXCEPT SUPERCAR) HF1/INDY (G), HF2 (H), HF5000, HFA, HGC, CANAM	16+
	INTERNATIONAL E	ITE	KARTING SENIOR AUTOCROSS – XC SENIOR RALLYCROSS JUNIOR (W/P 5 < KG/HP)	14+
	INTERNATIONAL F	ITF	KARTING SENIOR – RESTRICTED AUTOCROSS – XC JUNIOR	13-15
	INTERNATIONAL G	ITG	KARTING JUNIOR AUTOCROSS – XC JUNIOR	11-14

### ROAD

X	TITLE	CODE	DISCIPLINE	AGE
	INTERNATIONAL C	ITC-R	RALLY1, RALLY2, RGT (W/P 3 < 5 KG/HP) CROSS COUNTRY - T1 (W/P 3 < 5 KG/HP) HILL CLIMB (CN/D, E2 CATII)	16+
	INTERNATIONAL D	ITD-R	RALLY3, RALLY4, RALLY5 (W/P 5 < KG/HP) CROSS COUNTRY (EXCEPT T1) HILL CLIMB (EXCEPT CN/D, E2 CATII) HISTORIC SPEED RALLY HISTORIC HILLCLIMB	16+

### ADDITIONAL CHARGES

NON-MEMBER	€300	Non-member fees must be paid if you are not a member of an M.I. affiliated club. MI Membership is a separate entity to MI affiliated clubs and is not valid as a club stamp. Priority fees apply to late applications which need to be processed within three days. Same-day fees ensure same-day processing. An upgrade fee must be paid when supplying event finishes. Duplicate licence fees must be paid in the case of lost licence cards.
PRIORITY FEE	€100	
SAME-DAY FEE	€200	
DUPLICATE	€50	
UPGRADE	€30	

DATE RECEIVED



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

INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

2024 PAYMENT FORM

SECTION 1: PERSONAL DETAILS

Grid for personal details: FIRST NAME, SURNAME, DATE OF BIRTH

MI LICENCE NUMBER

SECTION 2: PAYMENT OPTIONS

CARD NUMBER, EXPIRY, CVV

EXACT NAME ON CARD:

I authorise Motorsport Ireland to deduct the cost of any product / licence / service selected on this or any accompanying form or document which I have provided including all relevant and specified additional costs. Alternatively, I have provided the correct value in the form of cheque/cash/postal order and attached it to this form.

SIGNATURE:

IN ACCORDANCE WITH 2018 GDPR GUIDELINES, THIS PAGE WILL BE DESTROYED ONCE PAYMENT HAS BEEN COMPLETED. ANY SUBSEQUENT CHARGES TO YOUR ACCOUNT WILL REQUIRE FURTHER AUTHORISATION.