

**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**

<b>APPLICANT'S NAME</b>	<b>APPLICANT'S DATE OF BIRTH</b>
<b>CARDIOLOGIST'S NAME</b>	
<b>CARDIOLOGIST'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)</b>	
<b>DATE OF EXAMINATION</b>	<b>DATE OF ECG EXAMINATION</b>
<b>CARDIOLOGIST'S PRACTICE STAMP</b>	<b>CARDIOLOGIST'S SIGNATURE</b>

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

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

<b>ANY OTHER NOTES:</b>