

2023 EMSO INTERNATIONAL MOTO LICENCES MEDICAL APPLICATION FORM

Section 1 - Your details

Full name	<input type="text"/>		
Address	<input type="text"/>		
City:	<input type="text"/>		
Mobile phone:	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
E-mail(s):	<input type="text"/>		
Emirates ID no:	<input type="text"/>		
Nationality (as shown in your passport)	<input type="text"/>	Date of birth:	<input type="text"/>

Section 2 - Medical Information

Please answer all the questions truthfully. A false declaration may have serious consequences. If you answer 'Yes' to any of the questions please give full details in the space provided at the end of this section. These should include the date you first developed the condition details of any tests, investigations and of any treatment you have undergone. Please, include the names and addresses of any specialists you have seen and hospitals you have attended.
Please give full details of any medication you are taking.

Have you ever suffered from or are you currently suffering from any of the following illnesses or conditions:

1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness? Yes No
2. Any condition which might cause dizziness, vertigo or loss of balance? Yes No
3. Have you been unconscious because of a head injury or suffered from concussion? Yes No
4. Any brain disorder such as a stroke, MS or Motor Neurone disease? Yes No
5. Any loss of strength, feeling, control or movement of any of your limbs, head or neck Yes No
6. Amputation of any part of your limbs with or without an artificial replacement? Yes No
7. Any condition or operation involving your heart or main blood vessels or high blood p Yes No
8. Any kind of tumour or cancer? Yes No
9. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? Yes No

If 'Yes' then section 4 - Eyesight Report and section 5 - Medical Report, must also be completed

10. Any psychiatric or emotional illness or any alcohol/drug/substance misuse? Yes No
11. Any condition affecting your vision or eyes, including colour blindness? Yes No
12. Are you taking any medication? Yes No

(include all tablets, medicines etc. whether prescribed or bought over the counter)

Please use this space to give further details if you have answered 'Yes' to any of the above questions:

Section 3 - Eyesight Report

To your doctor or optician

Please, read these notes before filling in this section for the applicant whose name is on the front of this form.
The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees. The applicant must have normal colour vision in that they can distinguish the primary

colours red and green.

1. Unaided vision: Left eye Right eye Binocular:
2. Corrected vision: Left eye Right eye Binocular:
3. Is the applicant's colour vision normal? Yes No
4. Does the binocular field of vision comply with the above? Yes No

Please use this space to give further details:

Name and address of optician/doctor

(please use official stamp)

Signature of optician/doctor

Date

To your doctor

Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form. The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces.

Competition places physical and mental demands on the rider

Limbs: The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to EMSO medical panel and be subject to 'on track' assessment.

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

Diabetes: A well controlled diabetic who is not subject to hypoglycaemic attacks may be passed as fit to compete providing they can supply evidence from a diabetologist that they have no neuropathic complications nor any ophthalmoscopic evidence of vascular complications. If access to a diabetologist is difficult then the GP/examining doctor must pay particular attention to these points.

Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from the speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary must be submitted with this Medical Report form.

Any rider over the age of 50 years must have an exercise tolerance electrocardiogram performed and the result must be favourable.

Neurological and psychiatric disorders: In general applicants with serious neurological / psychiatric disorders will not be granted a licence.

Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

1. Are you the applicant's regular medical attendant? Yes No
2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? Yes No
3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? Yes No
4. Is there evidence of any progressive neurological disorder? Yes No
5. Are there any signs of neoplasm which may be liable to metastasise? Yes No
6. Is there any evidence of any disease or condition affecting the eyes or ears? Yes No
7. Is there any abnormality of power, sensation, co-ordination, movement in any limb? Yes No
8. Are any limbs or parts of limbs missing? Yes No
9. Is there any abnormality of the heart? Yes No
10. Does the applicant have hypertension? Yes No
11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications? Yes No
12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? Yes No
13. Is the applicant suffering from any psychiatric illness? Yes No
14. Is the applicant dependent on alcohol, drugs or other substances? Yes No
15. Is the applicant taking medication? Yes No

If 'Yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods. If the medication is banned and the applicant is applying for an International licence, the a TUE (Therapeutic Use Exemption) form will need to accompany this medical report. A TUE is available on the request at EMSO or can be downloaded from www.wada-ama.org

16. Is the applicant medically fit to hold a competition licence and to participate in motorsport? Yes No

17. I am unsure of the applicant's fitness and wish to refer him/her to EMSO Medical Panel. Yes No

EMSO reserves the right to decline permission to take part in events where it is considered that the competitor does not meet the medical fit medical evidence fairly and provide an evidence-based opinion for EMSO senior management. In such a case the competitor may be require

Please use this space to give further details

Applicant's name:

Doctor's name & qualifications:

Date:

Exam stamp