

**2023 EMSO INTERNATIONAL AUTO/KARTING MEDICAL APPLICATION FORM**

**Section 1 - Competitor details**

Full Name :

Address  Mobile No

Gender:  Emirates ID no:  784-

E-mail(s):

Nationality :  Date of birth :

**Section 2 - Medical questionnaire to be filled by competitor :**

Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Yes  No

Do you have any implanted devices e.g. pacemaker, defibrillator etc.? Yes  No

Are you profoundly deaf and unable to hear? Yes  No

Do you have any significant visual impairment or loss of sight in either eye? Yes  No

Do you have any significant hearing impairment or deafness? Yes  No

Do you have any significant visual impairment or loss of sight in either eye? Yes  No

Have you ever been treated for any of the following?

a) a severe psychiatric illness or mental disorder Yes  No

b) severe giddiness, fainting spells or blackouts Yes  No

c) a severe head injury which led to concussion on unconsciousness Yes  No

d) heart disease or heart disorder Yes  No

e) high blood pressure Yes  No

f) diabetes Yes  No

g) epilepsy Yes  No

If 'Yes', give details below (including details of medication and treatment you received of are receiving):

Have you ever had any disease or disorder of the eye other than needing glasses/ contact lenses? Yes  No

Have you ever been refused life assurance for medical reasons? If 'Yes', give details below Yes  No

If 'Yes', give details below

**Section 3 - Your doctor's medical report on you :**

**To your doctor**

The doctor responsible for carrying out the medical aptitude test is obliged to use the national medical form presented by the applicant, filling in all the necessary details.

The decision as to fitness or unfitness shall be taken by the doctor who conducted the examination.

Please, read the enclosed Appendix L international sporting code notes before filling in this section for your patient whose name is on this form.

**Your practice stamp** (together with your name and qualifications):

1. Applicant Hight and weight  kg  cm

2. Are you the applicant's usual doctor? Yes  No

3. Is there any evidence of abnormality of the heart or cardiovascular system? Yes  No

If 'Yes', give details below:

[Empty box]

4. Is there any evidence of a physical or mental condition (past or present) which could, in your opinion, prevent the applicant from holding a competition licence for motor sport? Yes  No

If 'Yes', give details below:

[Empty box]

5. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? Yes  No

If 'Yes', give details below:

[Empty box]

6. Blood pressure [ ] / [ ]

7. Is the urine analysis normal? Yes  No

8.the nature of the blood group [ ]

9. Does the applicant have any allergies, whether to medication or other Yes  No

10.the date of the last anti-tetanus vaccination [ ]

11 The results, and kindly attach figures, of the evaluation of the musculoskeletal system

[Empty box]

12 .ECG REPORT :A Stress Related ECG is required if the applicant age over 45 years and A Rest Related ECG is required if the applicant age under 45 years .The report MUST state that it has been per formed to either the Bruce Protocol treadmill test, or the Ergometric Bicycle test . EMSO requires the full written report from the Consultant Cardiologist , Kindly note that if the applicant did ECG test in 2021 then he does not need to do it in 2022 as the ECG is required every 2 years

If the applicant have a medical condition which requires an annual review by the Medical Team you should include an up-to-date medical report from you with this application.

This is to certify that I have examined the applicant in line with this form and the enclosed notes.

Your doctor's signature: [ ] Date of examination: [ ]

Section 4 - Eye test :

Eye test to be completed by Ophthalmologist Or any person qualified to perform the tests according to the legislation of the UAE:

Kindly attach the results, with figures, of the eye test

Vision - Uncorrected R eye [ ./6 ] L eye [ ./6 ] Corrected R eye [ ./6 ] L eye [ ./6 ]

Corrected vision, with both eyes open (wearing corrective lenses if necessary) [ ./6 ]

Field of vision [ ]

Is the applicant's colour vision normal? Yes  No

If 'No', please give details below:

[Empty box]

I confirm I meet the visual standard for professional driving with corrective lenses if needed (at least 20/40 or 6/12 in each eye and 20/30 or 6/9 with both eyes) unless stated otherwise above yes No

Ophthalmologist Name [ ] Date : [ ]

Ophthalmologist stamp and signature: [Empty box]

**Section 5- Declaration for competitor :**

The information given to the doctor regarding his present state of health and previous medical history is correct  
I undertake not to use any substance included on the World Anti-Doping Agency list of prohibited substances and methods  
I undertake to advise EMSO without delay of any significant change in his state of health

From a medical point of view, including any medication being taken for more than three weeks,

From a traumatology point of view, whether or not the accident is followed by a period off work and whether or not it is linked to the practice of motor sport.

**WADB Declaration of Consent**

I, the undersigned Applicant, expressly consent to the collection, use and processing of data related to myself, including personal and sensitive data (such as medical information) in relation to my involvement in a motor sport accident or incident and related ONLY to the circumstances of the accident or incident and its immediate outcome, including any injuries suffered, by an appropriately authorised person representing the FIA or the National Sporting Authority.

I, the undersigned Applicant, agree that said data may be stored electronically, even after the expiration of my licence, and may be used at any time, for the sole purpose of research in support of improving safety in motor sport competitions, during and after the validity period of my licence, on the World Motor Sport Accident Database ("WADB").

I, the undersigned Applicant, acknowledge that I have read and fully understood the WADB Guide published by the FIA, which provides for further information about such data collection and processing, including the conditions under which I may request access to my personal data, its rectification or suppression, and object, on legitimate grounds, to its processing. By signing this declaration I, the undersigned Applicant, confirm that I UNDERSTAND AND I ACCEPT the present WADB Declaration of Consent

EMSO reserves the right to decline permission to take part in events where it is considered that the competitor does not meet the medical fitness standards. In case of dispute the case will be referred to the chief medical officer of EMSO who will consider all medical evidence fairly and provide an evidence-based opinion for EMSO senior management. In such a case the competitor may be required to provide medical reports at their expense

Your Name:  
Date:

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|  |

Signature :

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