



2025 EMSO INTERNATIONAL AUTO / KARTING

MEMBER OF



KARTING

منظمة الإمارات للسيارات والدراجات النارية
EMIRATES MOTORSPORTS ORGANIZATION

MEDICAL APPLICATION FORM

Section 1 - Competitor details

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

Section 2 - Medical questionnaire to be filled by competitor

1. Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Do you have any implanted devices e.g. pacemaker, defibrillator etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Are you profoundly deaf and unable to hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Do you have any significant visual impairment or loss of sight in either eye?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Do you have any significant hearing impairment or deafness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Do you have any significant visual impairment or loss of sight in either eye?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Have you ever been treated for any of the following?			
a) a severe psychiatric illness or mental disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	e) high blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) severe giddiness, fainting spells or blackouts	Yes <input type="checkbox"/> No <input type="checkbox"/>	f) diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) a severe head injury which led to concussion on unconsciousness	Yes <input type="checkbox"/> No <input type="checkbox"/>	g) epileps	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) heart disease or heart disorder			

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? If 'Yes', give details below	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been refused life assurance for medical reasons? If 'Yes', give details below	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	

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 Height and weight	<input type="text"/>	kg	<input type="text"/>	cm
2. Are you the applicant's usual doctor?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is there any evidence of abnormality of the heart or cardiovascular system?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', give details below:				
<input type="text"/>				
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 <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', give details below				
<input type="text"/>				
5. Does the applicant have any physical abnormality or restriction of movement in the arms or legs?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', give details below:				
<input type="text"/>				
6. Blood pressure/	<input type="text"/>			
7. Is the urine analysis normal?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. The nature of the blood group	<input type="text"/>			
9. Does the applicant have any allergies, whether to medication or other			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. The date of the last anti-tetanus vaccination	<input type="text"/>			
11. The results, and kindly attach figures, of the evaluation of the musculoskeletal system				
<input type="text"/>				

ECG REPORT

A copy of the ECG chart/report must be submitted as part of the medical examination form. Applicants over 45 years of age require stress ECG every two years and must complete a cardiologists' consultation every three years as per International requirements.

ECG Results: **ECG abnormal?** Yes ☐ No ☐

If abnormal, date completed:

Other comment:

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

1. Vision - Uncorrected	R eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	L eye	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Corrected	R eye	<input type="text"/>	<input type="text"/>	<input type="text"/>	L eye	<input type="text"/>	<input type="text"/>	<input type="text"/>

Corrected vision, with both eyes open (wearing corrective lenses if necessary)

Field of vision

Is the applicant's colour vision normal?

If 'No', please give details below:

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

Ophthalmologist Name

Date :

Ophthalmologist stamp and signature

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:

Signature: