



منظمة الإمارات للسيارات والدراجات النارية
EMIRATES MOTORSPORTS ORGANIZATION

2026 EMSO INTERNATIONAL MOTO LICENCES MEDICAL APPLICATION FORM

Section 1 - Your details

Full name

Address

City

Mobile phone

E-mail(s):

Emirates ID no:

Nationality (as shown in your passport)

Gender Sex

Male

Female

Date of birth:

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:

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| 1. Epilepsy, fits, blackouts or any condition which may cause loss of consciousness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Any condition which might cause dizziness, vertigo or loss of balance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you been unconscious because of a head injury or suffered from concussion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Any brain disorder such as a stroke, MS or Motor Neurone disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Any loss of strength, feeling, control or movement of any of your limbs, head or neck? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Amputation of any part of your limbs with or without an artificial replacement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Any condition or operation involving your heart or main blood vessels or high blood pressure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Any kind of tumour or cancer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin? If 'Yes' then | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| section 4 - Eyesight Report and section 5 - Medical Report, must also be completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Any psychiatric or emotional illness or any alcohol / drug / substance misuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Any condition affecting your vision or eyes, including colour blindness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are you taking any medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(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.

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|--|----------|---------------------------------|----------------------|----------------------|-----------|---------------------------------|----------------------|----------------------|-----------|---------------------------------|--------------------------|----------------------|--------------------------|
| 1. Unaided vision | Left eye | <input type="text" value="6/"/> | <input type="text"/> | <input type="text"/> | Right eye | <input type="text" value="6/"/> | <input type="text"/> | <input type="text"/> | Binocular | <input type="text" value="6/"/> | <input type="text"/> | <input type="text"/> | |
| 2. Corrected vision | Left eye | <input type="text" value="6/"/> | <input type="text"/> | <input type="text"/> | Right eye | <input type="text" value="6/"/> | <input type="text"/> | <input type="text"/> | Binocular | <input type="text" value="6/"/> | <input type="text"/> | <input type="text"/> | |
| 3. Is the applicant's colour vision normal? | | | | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Does the binocular field of vision comply with the above? | | | | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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.

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| 1. Are you the applicant's regular medical attendant? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Is there evidence of any progressive neurological disorder? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Are there any signs of neoplasm which may be liable to metastasise? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Is there any evidence of any disease or condition affecting the eyes or ears? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Is there any abnormality of power, sensation, co-ordination, movement in any limb? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Are any limbs or parts of limbs missing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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| 9. Is there any abnormality of the heart? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Does the applicant have hypertension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Is the applicant suffering from any psychiatric illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Is the applicant dependent on alcohol, drugs or other substances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Is the applicant taking medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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) 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. I am unsure of the applicant's fitness and wish to refer him/her to EMSO Medical Panel. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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.

Please use this space to give further details

Applicant's name:

Doctor's name & qualifications:

Date:

Exam stamp