

SECTION 3: DOCTOR'S CERTIFICATE
FOR DOCTOR'S USE ONLY

THIS PAGE IS REQUIRED FOR ANY/ALL OF THE FOLLOWING CONDITIONS:

ANY COMPETITOR WITHOUT A CERTIFICATE ON FILE (EXCEPT RALLY NAVIGATOR / CLUBMAN GRADES)

ANY COMPETITOR THAT IS AGED 50 YEARS OR OLDER (EXCEPT RALLY NAVIGATOR / CLUBMAN GRADES)

ANY COMPETITOR THAT ANSWERS YES TO A QUESTION IN SECTION 2: CATEGORY B

APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH

NO.	[IF YES, TO ANY QUESTION EXCEPT C1 OR C8, PLEASE PROVIDE DETAILS IN COMMENT BOX BELOW]	YES	NO
C1	Are you the regular attendant of the applicant?		
C2	Is there any abnormality of the heart or cardiovascular system?		
C3	Does the applicant suffer from any neurological condition?		
C4	Is there any physical abnormality or restriction of movement in the arms or legs?		
C5	Does the patient show signs of abnormal blood pressure?		
C6	Is there any ocular history of visual field loss?		
C7	Are there any abnormalities on the colour vision (Ishihara) test?		
C8	Has the applicant been immunised against tetanus in the past 10 years?		
C9	Is there any evidence of a physical or mental condition that impairs the applicant from competing in motorsport?		
C10	Does the applicant require special medical supervision?		
C11	Is there a medical reason that the applicant should not compete in motorsport?		
C12	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

DOCTOR'S NAME	
DOCTOR'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)	
DATE OF EXAMINATION	DOCTOR'S SIGNATURE
DOCTOR'S PRACTICE STAMP	DOCTOR'S COMMENTS