

SECTION 4A | VISION TEST (For Race, Truck, Long Circuit Karting & ALL International Licences only. Refer to Section 4 for guidance)

To be filled in by your doctor or optician. (Prescription not accepted) Applicant's full name _____

Vision – To be recorded in metric Snellen acuity:

- | | | |
|--|----------------------|---------------------|
| a. Uncorrected vision (without corrective lenses) | Right eye: 6 / _____ | Left eye: 6 / _____ |
| b. Corrected (wearing corrective lenses if necessary) | Right eye: 6 / _____ | Left eye: 6 / _____ |
| c. Vision with both eyes open, the minimum corrected visual acuity must be 6/6 (wearing corrective lenses if necessary). See H10.1.10(a) | 6 / _____ | |
| d. Are corrective lenses (glasses or contact lenses) required for driving? | | YES NO |
| e. Is there evidence of visual field loss on confrontation testing? If 'Yes', give details below. | | YES NO |
| f. Is there abnormality of colour vision on testing (Ishihara or equivalent)? If 'Yes', give details below. See H10.1.10(f) | | YES NO |

Please use this space to give further details

Name of optician/doctor _____

Signature of optician/doctor _____

Date ____ / ____ / ____

SECTION 4B | DOCTOR'S MEDICAL REPORT (For Race, Truck, Long Circuit Karting & ALL International Licences only. Refer to Section 4 for guidance)

1. Doctor's name _____

1a. Doctor's practice stamp/contact details including GMC registration no.



Please read regulations 10.1.1 to 12.1.8 of the 'What you need to know about your motorsport licence' booklet (available in the Resource Centre of www.motorsportuk.org) before filling in this section for your patient, ensuring that ALL questions have been answered. Note that unanswered questions will require further information to be submitted by you.

1b. Applicant's full name _____

Date of Birth ____ / ____ / ____

Height ____ cm Weight ____ kg Blood pressure ____ / ____

2. Are you the applicant's registered General Practitioner? YES NO If no, in what capacity are you providing this report? _____

3. Is the 12 lead resting ECG normal? See section 4 above for guidance. Required for National applicants aged 60 and over OR International applicants aged 49 and under. Applicants aged 50 or OVER who are applying for an International Licence must enclose a stress-related ECG report signed by a Consultant Cardiologist (see H11) or an accepted equivalent advised by a Cardiologist N/A YES NO

3a. When was the 12 lead resting ECG performed? (See section 4 for validity period) ____ / ____ / ____

The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in the doctor's comments section.

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|---|-----|----|
| 4. Is there any evidence of abnormality of the heart or cardiovascular system? If 'Yes', give details below. | YES | NO |
| 5. Is there any evidence of any mental health condition in the applicant's medical history? If 'Yes', give details below. | YES | NO |
| 6. Has the applicant suffered from epilepsy, seizures or any other neurological conditions? If 'Yes', give details below. | YES | NO |
| 7. Is there any abnormality of tone, reflexes and ROM of any limb? If 'Yes', give details below. | YES | NO |
| 8. Was there evidence of haematuria, proteinuria or glycosuria on urinalysis? If 'Yes', give details below. | YES | NO |
| 9. Is there any reason why the applicant should not participate in motorsport? If 'Yes', please give details below. | YES | NO |

If you have ticked 'YES' to any of the questions above, or if you are unsure of the applicant's fitness to participate in motorsport activities and wish to refer the applicant for further assessment to the Motorsport UK medical advisor, please give details below.

Doctor's comments

Sign below to certify that you have examined the applicant in line with the 'What you need to know about your motorsport licence' booklet available in the Resource Centre of www.motorsportuk.org.

Your (doctor's) signature _____ Date of medical examination ____ / ____ / ____



Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination and/or vision test. If your 2024 licence application is not submitted and processed within 3 months of the above date, the medical examination must be revalidated by the examining doctor before your licence(s) can be issued.