

# MOTOR CYCLING IRELAND – SELF MEDICAL FORM

ALL SECTIONS MUST BE COMPLETED BY THE APPLICANT / PARENT / GUARDIAN

## PERSONAL DETAILS

Name:.....First Name:..... Birth Date:.....

Address:.....

Sex:      Male        Female          National Federation.....

**Medical History** (to be completed by applicant or responsible parent or guardian if applicant is a minor):

NO	YES	DETAILS
.....	.....	.....
..... Loss of, consciousness for any reason, dizziness or headache	.....	.....
..... Eye trouble (except glasses)	.....	.....
..... Asthma	.....	.....
..... Allergy to medicines or drugs	.....	.....
..... Diabetes	.....	.....
..... Heart Trouble	.....	.....
..... Blood pressure disorder	.....	.....
..... Stomach trouble (ulster, etc.)	.....	.....
..... Uro-genital trouble	.....	.....

..... Epilepsy or convulsions .....  
..... Mental or nervous disorder .....  
..... Trouble with arms-or legs incl. muscle cramp or joint stiffness .....  
..... Blood disorder with tendency to bleeding .....  
..... Operations .....  
..... Do you take regularly medicine or drugs? .....  
..... Other illnesses .....  
a) I have not been banned! on medical grounds, from taking part in any other sport.  
b) I do not take drugs and do not abuse alcohol.  
c) In case of emergency, I authorise any qualified person to administer the necessary treatment, medical and or surgical, including the administration of blood or blood products. I also agree to information concerning my medical condition being given by the Doctor in Charge to the Clerk of the Course, and to my own doctor and relatives.  
d) I declare that the information that I have given is the truth.  
e) I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.  
**Signature of applicant** (or responsible Parent or Guardian if a minor)

.....  
Date: .....

## ONE DAY LICENCE

TO BE COMPLETED BY THE RACE SECRETARY

<p style="text-align: center;"><b>FEE €10</b> <b>Motocross / Grasstrack / Hare &amp; Hound / Trials ONLY</b></p> <p style="text-align: center;"><b>Each applicant can only have 3 one day licence per year, whereby after that they must apply for a full licence.</b></p>
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CLUB: .....

EVENT: .....

RACE SECRETARY: .....

DATE: .....

**One day licence self-medical forms should be returned by Club within 7 days of the event along with fee to:**

Motorcycling Ireland, Unit 18, BEAT Centre,  
Stephenstown Industrial Estate, Balbriggan, Co Dublin.