



# MOTOR CYCLE UNION OF IRELAND (Ulster Centre) Ltd

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEDICAL INFORMATION SELF DECLARATION

(to be completed by the applicant)

Please answer all the questions honestly. Any false declaration may result in disciplinary action and permanent denial or withdrawal of your license.

**Have you ever suffered from or been treated (or are suffering from or receiving treatment) for any of the following medical conditions? If yes, please provide details below.**

- |      |  |     |    |
|------|--|-----|----|
| 1.   | Loss of consciousness or blackouts, fainting, severe dizziness, vertigo, loss of balance                 | YES | NO |
| 2.   | Epilepsy fits or seizures from any cause   | Yes | NO |
| 3.   | Neurological disorder such as MS, Motor Neurone Disease, TIA or Stroke                                   | YES | NO |
| 4.   | A severe head injury which caused loss of consciousness or concussion                                    | YES | NO |
| 5.   | Psychiatric illness, mental or behavioural disorder including alcohol or drug dependence or misuse       | YES | NO |
| 6.   | Eye disorders affecting your eyesight including colour blindness   | YES | NO |
| 7.   | Problems with the strength, feeling in, coordination of or use of your limbs                             | YES | NO |
| 8.   | Any abnormality of your limbs including amputation or loss of function or any other disability           | YES | NO |
| 9.   | Diabetes – if so, please state below if treated by diet, medication or insulin and any complications     | YES | NO |
| 10.  | High blood pressure, heart disease (angina, heart attack, abnormal heart rhythm) or circulation problems | YES | NO |
| 11.  | Blood disorders or abnormal bleeding?  | YES | NO |
| 12.  | Surgical procedure or operation within the past 2 years  | YES | NO |
| 13.  | Any tumours, or cancer?  | YES | NO |
| 14.. | Any allergies to medicines or drugs? If so, please state below   | YES | NO |
| 15.  | Are you taking any medication? If so, please list below  | YES | NO |
| 16.  | Any other illnesses?   | YES | NO |

If you have answered "YES" to any of the above, please list the details here including the date of diagnosis, tests, investigations and any treatment;

I certify that;

- The above answers are truthful and correct
- I have not been prevented, on medical grounds, from taking part in any other sport.
- I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol or drugs.
- In case of an injury and/or illness I give permission to the Medical Staff to release any relevant information to the Clerk of the Course, my relatives and my representatives and to any doctors involved in my care.
- I will immediately inform the MCUI and or the CMO of an event of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- I agree to details of my medical history being sent to the doctors of the MCUI as part of my license application.
- In case of emergency I authorise any qualified person to administer necessary treatment, medical and or surgical including the administration of blood and blood products.
- I agree to complete the online Flag and Anti- Doping Seminars

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## **To all prospective license applicants.**

To avoid any problems with your license application please ensure you achieve the following steps to ensure your license medical will be accepted quickly and you will receive your racing license with the minimum of fuss or delay.

You are required to complete the Medical Information Self Declaration truthfully.

The Eyesight Report should be completed by your optician or Doctor.

**The Medical Report should be completed by your doctor and all three forms returned with your license application.**

- An appointment for a medical examination is no longer necessary unless the information provided on the Medical Self Declaration and or the Medical Report indicate that further medical assessment is necessary.
- Be realistic. General Practitioners (G.P.'s) are under increasing pressure and it is advisable to provide them with as much time as possible to complete the medical report.
- It is also helpful to provide the doctor with the information notes for doctors which accompanies the medical forms.
- Your annual license medical MUST be carried out by your registered G.P. A locum doctor in your family practice can carry this out if your doctor is on leave provided that doctor is working in your normal GP surgery and has access to your medical record and an official stamp.
- The DOCTOR must not only sign your form after completing the report but also STAMP the form with his/her OFFICIAL STAMP.
- Sport medical reports from your doctor are not part of general medical services provided by the health service. A fee is therefore payable to your doctor for this service. You are responsible for the payment of any fee as determined by your doctor.
- There are exceptional circumstances which allow a competitor to have an annual race medical done by a doctor who is not their registered GP however this doctor MUST have access to your medical records and again must stamp the form with their official stamp.
- in cases where you have no option to attend a doctor who is not your regular GP please bring this letter with you to ensure the doctor knows they must have telephone or written contact with your registered GP to ensure there are no significant medical conditions that would prevent you being issued with your racing license.
- Due to recent cases emerging of falsification of doctor's signatures and stamps by riders there will now be increased scrutiny of license applicants' medical forms.
- If significant medical conditions are declared on the self-declaration or in the medical report a medical examination or referral for specialist assessment may be required at your expense in order to fully determine your medical fitness to participate in motorcycle competition.



# MOTOR CYCLE UNION OF IRELAND (Ulster Centre) Ltd

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## EYESIGHT REPORT

(to be completed by your Doctor or Optician)

### To your optician

Please read these notes before completing this form for the applicant.

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure 160 degrees horizontally and 30 degrees vertically. Double vision is not compatible with the issuing of a competition licence. The applicant, for any event except Trial, must have normal colour vision, in that they can distinguish the primary colours of red and green.

Any fee for the examination and report is the responsibility of the applicant.

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

Please use this space to provide any additional details:

Name & address of optician/Doctor  
(please use official stamp):

Name \_\_\_\_\_

Signature of Optician or Doctor \_\_\_\_\_

Date \_\_\_\_\_



# MOTOR CYCLE UNION OF IRELAND (Ulster Centre) Ltd

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Date of Birth \_\_\_\_\_

## MEDICAL REPORT

(to be completed by your doctor)

### To your doctor

Please read the attached guidance notes before completing this form for the above applicant.

An examination of the applicant is not required unless specifically requested. This report should be completed with reference to their medical history and records.

Consent to provide the information in this report to the MCUI Medical Panel has been provided by the applicant as part of the license application.

Any fee for this report is the responsibility of the applicant.

- |   |     |    |
|---|-----|----|
| 1. Are you the applicant's usual doctor?  | YES | NO |
| 2. If no, do you have direct access to and knowledge of their full medical history?   | YES | NO |
| 3. Has the applicant suffered from epilepsy, seizures or any other neurological condition?                                    | YES | NO |
| 4. Does the applicant suffer from any condition that may cause sudden loss of consciousness?                                  | YES | NO |
| 5. Does the applicant suffer from any condition that may cause sudden dizziness, loss of balance or coordination?             | YES | NO |
| 6. Is there a history or evidence of any neurological disorder?   | YES | NO |
| 7. Is there any condition affecting their eyesight or hearing?  | YES | NO |
| 8. Does the applicant have any physical abnormality or restriction of function of the limbs or any other physical disability? | YES | NO |
| 9. Is there any history of heart or cardiovascular disease?   | YES | NO |
| 10. Does the applicant have hypertension?   | YES | NO |
| 11. Has a BP been recorded within the past 12 months? If so, please state reading below.                                      | YES | NO |
| 12. Is there any history of psychiatric or mental illness or behavioural disorder including alcohol or drug misuse?           | YES | NO |
| 13. Does the applicant suffer from Diabetes?  | YES | NO |
| If so is there any evidence of retinopathy or neuropathy or other complication?   | YES | NO |
| If insulin dependent are they subject to episodes of hypoglycaemia?   | YES | NO |
| 14. Does the applicant have any neoplastic disease that may be liable to metastasise?   | YES | NO |
| 15. Is the applicant taking medication?   | YES | NO |

If the answer to any of the above is "YES" please provide further details:

Name & Address of Doctor (please use Official Stamp)

Name of Doctor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Information for Doctors regarding MCUI License Medical Assessments**

Any rider wishing to participate in motorcycle racing is required to apply to the Motorcycle Union of Ireland (MCUI) for a racing or competition license. As part of the application they are required to undergo a medical assessment to ascertain their physical and mental fitness to control a motorcycle in order to ensure the safety of themselves, other competitors, officials and spectators during an event.

The medical requirements are very similar to those required for a HGV license or other Group 2 driving licenses.

The medical assessment consists of a medical self-declaration by the rider, an eyesight assessment by an optician or Doctor and a medical report from their usual doctor.

The report should be completed by a doctor familiar with or with access to the applicant's medical history usually their general practitioner.

A medical examination is no longer required unless significant medical conditions are declared in the self-declaration or in the medical report. Following review of the information by members of the MCUI Medical Panel this may require further, more detailed information to be provided or a medical examination to be undertaken in certain cases. It may potentially be necessary to refer the applicant for specialist assessment to determine their medical fitness to participate in motorcycle competition.

We are aware that such reports, provision of further information and examinations, if required, are not within the remit of the GMS Contract and, as such, the review of the applicant's medical history and any associated medical examination, should this be required, are subject to a fee which is the responsibility of the applicant.

The medical assessment consists of three parts. The first is a self-declaration by the rider of any significant medical history. The second part is a review of the rider's medical history to confirm that they do not, or have not, suffered from any significant relevant medical condition using the form provided and any current treatment and medication. Any significant conditions in the medical history or clinical examination should be stated on the form. The third part is an assessment of their eyesight which is normally undertaken by an optician.

If any history or evidence of any significant medical conditions that may adversely affect the ability of the applicant to participate in motorcycle sport is reported this will be referred to the MCUI Medical Panel for further consideration and review to determine if any further medical assessment is required. It is therefore essential that as much relevant clinical detail as possible is provided in such cases. Following this it may be necessary to request further clinical information, to request a medical examination of the applicant or to refer them for specialist assessment as necessary and appropriate.

Any fees payable for such further reports and examinations, if required, are the responsibility of the applicant.

### **Guidance Notes for the Doctor**

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 at speed and under significant acceleration and braking forces. Competition places both physical and mental demands on the rider.

#### **Eyesight**

**The minimum corrected visual acuity must be 6/6 with both eyes open together.** The minimum binocular field should measure at least 160 degrees horizontally and 30 degrees vertically with no central field defects. This can be a simple confrontation visual field examination rather than formal perimetry testing. The applicant, for any event except Trials, must have normal colour vision in that they can distinguish the primary colours red and green.

#### **Limbs**

The applicant should have sufficient power, co-ordination and sensation in their limbs to maintain full control of their machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to the MCUI Medical Panel for further assessment.

## **Information for Doctors regarding MCUI License Medical Assessments**

### **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 may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner if they are not under consultant care, that the diabetes is normally well controlled, that they are not subject to hypoglycaemic or hyperglycaemic attacks (no significant episodes in preceding year) and that they have no neurological or ophthalmic complications associated with their diabetes and that they understand their diabetes, its monitoring and management.

### **Cardio-vascular system**

In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from 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 provided with the medical assessment forms.

### **Neurological and psychiatric disorders**

In general applicants with a serious neurological or psychiatric disorder will not be granted a licence.

### **Fits or unexplained loss of consciousness**

A licence will not be issued if the applicant suffers from epilepsy, has suffered a single epileptic fit, or has suffered any episodes of unexplained sudden loss of consciousness during a period of 5 (five) years. If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these 5 (five) years, the applicant may be granted a licence.

### **Alcohol**

A licence will not normally be issued for applicants with an alcohol addiction or dependence.

### **Medication & Drugs**

A license will not normally be issued to applicants if they are using medication even if they are legitimately prescribed with potentially adverse side effects including sedation, blurred vision, psychomotor retardation or other side effects that can adversely affect their ability to have full and complete control of a motorcycle in competition.

### **Procedure in Case of Doubt or Uncertainty of Medical Fitness**

In such cases the medical report should be completed and signed. The application will then be referred to and reviewed by members of the MCUI Medical Panel or a doctor appointed by them for consideration of further assessment as necessary and appropriate.

### **Cost of Medical Examination**

Any fee arising from the examination or completion of the medical certificate is the responsibility of the applicant.