SECTION 4A   VISION TEST (For Race, Truck, Long Circuit Karting	& ALL International Lic	ences only. Refer	to Section 4 for g	uidance)
To be filled in by your doctor or optician. (Prescription not accepted) A	oplicant's full name			
Vision – To be recorded in metric Snellen acuity:				
a. Uncorrected vision (without corrective lenses)	Righ	t eye: 6 /	Left eye: 6 /	
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 (wearing corrective lenses if necessary). See Ch.6 App. 2 6.7(a)		6 /	_	
d. Are corrective lenses (glasses or contact lenses) required for driving?			YES	NO
$e. \hspace{0.3in} \hbox{ Is there evidence of visual field loss on confrontation testing? If `Yes', give}\\$			YES	NO
f. *Is there abnormality of colour vision on testing (Ishihara or equivalent)? I *(only required for first time Race, Truck, Long Circuit Karting & ALL International Licences)			N/A YES	NO
Please use this space to give further details  Name of optician/doctor				
	Signature of optician/d			
	Date / / _			
	Date / /			
SECTION 4B   DOCTOR'S MEDICAL REPORT (For Race, Truck, Long Circ	cuit Karting & ALL Internation	nal Licences only. Ref	fer to Section 4 for g	uidance)
1. Doctor's name		gulations Chapter 6, App	•	
1a. Doctor's practice stamp/contact details including GMC registration no.	www.motorspo	etition Rules, available ortuk.org before filling i	in this section for your <sub>l</sub>	oatient,
	questions will	ALL questions have been require further informa	tion to be submitted by	you.
	1b. Applicant's full name			
Date of Birth / /			Heart Rate	
	Heightcm We	eight kg B!	lood pressure	/
2. Are you the applicant's registered General Practitioner? YES NO	If no, in what capacity are you			-
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 Ch.6 App.2 8.1) or an accepted equivalent advised by a Cardiologist				
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.				
4. Is there any evidence of abnormality of the heart or cardiovascular system? If 'Yes', give details below.				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 Chapter 6, appendix 2 of the National Competition Rules available in the Resource Centre of <a href="https://www.motorsportuk.org">www.motorsportuk.org</a> .				
Your (doctor's) signature	Date o	f medical examinati	ion /	/