



[licence@acu.org.uk](mailto:licence@acu.org.uk)

**Medical Report - Only required if:**

Please note it could be 3 weeks before licence is issued

You are aged 70 or over and applying for a Road Race/Enduro/Grasstrack/Motocross Licence  or you are being treated for diabetes

**To your doctor**

Please read these guidance notes before filling in this section

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 under fierce acceleration and braking forces. Competition places both physical and mental demands on the rider.

**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 submitted with the Medical Report form.

**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 is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

**Diabetes:** A well-controlled diabetic may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner/regular medical attendant if 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), that they have no neurological or ophthalmic complication associated with diabetes and that they understand their diabetes, its monitoring and management.

**Limbs:** The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to the ACU medical panel and be subject to "on track" assessment.

1. Are you the applicant's regular medical attendant?	Yes	No		
<b>Cardio-vascular:</b>				
2. Is there any abnormality of the heart (physical or rhythm)?	Yes*	No		
If 'yes', Is a Cardiologist report or other information attached? (including information on pacemakers and defibrillators)	Yes	No	NA	
Examinations Findings: Pulse rate: ..... BP..... SaO2 (if performed) ..... Heart Sounds.....				
3. Does the applicant have hypertension?	Yes	No		
If 'yes' - Do they meet DVLA LGV/PCV Group 2 entitlement requirements? (resting systolic BP consistently less than 180mmHg and/or diastolic less than 100mmHg.)	Yes	No	NA	
Is all treatment free of any side effects that may interfere with controlling a motorcycle?	Yes	No	NA	
<b>Neurological:</b>				
4. Does the applicant have epilepsy or any condition which may cause loss of consciousness?	Yes	No		
5. Has the applicant had any loss of consciousness or unexplained fit in the past?	Yes*	No		
6. Is there evidence of any progressive neurological disorder?	Yes*	No		
7. Has the applicant had a CVA / Stroke / TIA in the past?	Yes	No		
If 'yes' - Do they have residual weakness in any limb or other changes that affect control a motorcycle?	Yes	No	NA	
Are they at increased risk of a further CVA or TIA? Please attach results of appropriate investigations eg carotid artery scans	Yes	No	NA	
<b>Diabetes:</b>				
8. Does the applicant have diabetes?	Type 1	Type 2	No	
If 'yes' - Is the diabetes normally well controlled?	Yes	No	NA	
Is the applicant subject to episodes of hypoglycaemia or hyperglycaemia? (one or more significant episodes, potentially affecting conscious level, in the preceding year = 'yes')	Yes	No	NA	
Are there any signs of neuropathy, retinopathy or other complications that may affect control of a motorcycle?	Yes	No	NA	
<b>General:</b>				
9. Is there any evidence of any disease or condition affecting the eyes or ears?	Yes*	No		
10. Does the applicant have any condition which may cause sudden loss of balance or co-ordination?	Yes*	No		
11. Are there any signs of neoplasm which may be liable to metastasise? (please give info on treatment)	Yes*	No		
<b>Limbs:</b>				
12. Are any limbs or parts of limbs missing?	Yes*	No		
13. Is there any abnormality of power, sensation, co-ordination or movement in any limb?	Yes	No		
<b>Psychiatric/Psychological:</b>				
14. Is the applicant suffering from any psychiatric illness or condition (including ADHD, autism)?	Yes*	No		
If 'yes' - Is a report attached, giving information on the effects of the illness / condition on control and the effects of medication on concentration and whether they are WADA approved?	Yes	No	NA	
15. Is the applicant dependent on alcohol, drugs or other substances?	Yes*	No		
16. Is the applicant taking medication?	Yes*	No		
If 'yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods. If the medication is banned and the applicant is applying for an FIM World Championship or Prize Event licence, then a TUE (Therapeutic Use Exemption) form will need to accompany this medical report. A TUE/WADA prohibited list can be downloaded from <a href="http://www.wada-ama.org">www.wada-ama.org</a> or is available on request from the ACU.				
17. Do you have any concerns regarding the applicants ability to undertake motorcycle sport (if yes, please give details below)	Yes*	No		

Further Details – Please use this space to give details of any conditions indicated above, particularly those with Yes\* answer.

Name & Address of Doctor, including Qualifications & GMC number Please use official stamp

Applicant's name:

Date of birth:

Signature of doctor:

Date:

GMC No: