2026 MALTA MOTORSPORT FEDERATION
COMPETITION LICENCE APPLICATION FORM

Applicant's full name & Surname _____ ID Number _____

Address _____

MANDATORY FOR ALL APPLICANTS. All questions below MUST be answered by all competitors regardless of age and whether a medical is needed or not. Failure to complete this section may result in your application form being returned to you. In all cases if you answer YES please list and explain.

1. Have you ever been refused or had any restrictions imposed on life assurance for medical reasons? ❑ YES ❑ NO

If you answer yes to any of the above questions please provide details below, including names of drugs and dosages currently taken:

_____

_____

2. Do you take, or have you recently taken any of the substances on the World Anti-Doping Agency prohibited list? (see H38 or www.wada-ama.org) ❑ YES ❑ NO
3. Have you ever had a history of drug or alcohol abuse? ❑ YES ❑ NO
4. Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an EpiPen, or similar device? ❑ YES ❑ NO
5. Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar? ❑ YES ❑ NO
6. Have you any history of any neurological disorder, including epilepsy, seizures, fits, dizziness, loss of balance, blackouts, faints, or any disorder where you may suffer loss of consciousness? ❑ YES ❑ NO
7. Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy? ❑ YES ❑ NO
8. Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion? ❑ YES ❑ NO
9. Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)? ❑ YES ❑ NO
10. Have you ever been diagnosed with heart disease, or any heart disorder, including any arrythmia, angina, or high blood pressure (hypertension)? ❑ YES ❑ NO
11. Have you ever had a heart attack (Myocardial Infarction) or had cardiac surgery such as a coronary artery bypass (CABG) or cardiac catheterisation for any reason? ❑ YES ❑ NO
12. Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.? ❑ YES ❑ NO
13. Do you have any implanted devices e.g. pacemaker, defibrillator etc.? ❑ YES ❑ NO
14. Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression? ❑ YES ❑ NO
15. Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) e.g. Aspergers? ❑ YES ❑ NO
16. Do you have any congenital abnormality of any limbs, amputation, or any other disability or any physical problem with, or permanent difficulty in using your arms or legs for driving? ❑ YES ❑ NO
17. Do you wear corrective lenses (contact lenses or glasses) for driving, including competition? ❑ YES ❑ NO

If you answered "Yes" please provide further details below:

_____

_____

18. Are you profoundly deaf and unable to hear? ❑ YES ❑ NO
19. Have you ever had any operations or surgical procedures in the last 2 years? ❑ YES ❑ NO

If you answered "Yes" please provide further details below:

_____

_____

20. Have you been diagnosed with, or treated for any condition that you think may be relevant, or that may affect your ability to control or get in and out of a vehicle? ❑ YES ❑ NO

If you answer yes to any of the above questions please provide details below, including names of drugs and dosages currently taken:

_____

_____

Does the applicant consider himself/herself absolutely and unconditionally fit to participate in motor sport as a competitor? ❑ YES ❑ NO

I hereby declare that the above information is true and correct.

Applicant's signature _____ Date _____

2026 PRE-COMPETITION MEDICAL FORM

Medical Examination – to be completed only by a Specialist in Sports and Exercise Medicine.
To be presented to the sports doctor with all pages of the application form completed and signed.

Name _____ Surname _____ ID number _____

Are you the regular medical attendant of the Applicant? ❑ YES ❑ NO

Past medical history _____

Physical Examination

Height _____cm Weight _____kg

Cardiovascular System:

Blood Pressure _____/_____ mm/Hg

Pulse rate _____ bpm regular/irregular

Auscultation : S1+S2+ _____

Murmurs ❑ YES ❑ NO Type _____

Respiratory System:

Auscultation, Lung Fields Clear ❑ YES ❑ NO

Gastro-Intestinal System:

Palpation _____

Genito-urinary System: Dipstick test: Protein _____ Glucose _____

Central Nervous System:

Vision Snellen's Chart A. Vision R eye ____/____L eye ____/____ With correction if applicable R eye ____/____L eye ____/____

Field of Vision R eye ❑ Nor ❑ Abn L eye ❑ Nor ❑ Abn Pupil reaction to L & A R eye ❑ Nor ❑ Abn L eye ❑ Nor ❑ Abn

Colour vision: ❑ Nor ❑ Abn Ishihara plates not cleared _____ **Hearing:** ❑ Nor ❑ Abn

Locomotor System:

Upper Limb: Abnormality ❑ YES ❑ NO Power _____/5 Reflex present ❑ YES ❑ NO

Lower Limb: Abnormality ❑ YES ❑ NO Power _____/5 Reflex present ❑ YES ❑ NO

Date of last Tetanus Injections (If not known, state so or state "date provided by applicant"): _____

Blood Group (including rhesus factor), if known: _____

Exercise Stress Test:

Date of stress test _____/_____/_____ Normal ❑ YES ❑ NO

Write list of Positive findings in applicant's medical history and examination

_____

_____

_____

Does the applicant warrant further investigation and/or Follow up? ❑ YES ❑ NO Explain below

Is applicant Cleared for competitive sports ❑ YES ❑ NO

Doctor's name	
Doctor's Mobile No.	
Doctor's signature	
Doctor's Reg. No.	
Date of Examination	

Doctor's STAMP

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant