



The Football Association of Ireland Medical Screening

Name:

DOB:

Club:

Team:

Head Coach:

Parent/Guardian:

Completed by:

Date:

Please complete the questionnaire below and return asap. The information provided will be treated confidentially.

1. General Practitioner:

Address:

Contact Details:

2. Medications:

3. Allergies:

4. Medical History

Asthma: Y N

Diabetes: Y N

Epilepsy: Y N

Cardiac: Y N

Concussion: Y N

Please add in any additional and relevant medical details:
