

**Medical Care of Underage Players
General Medical Screening Declaration**



This declaration must be signed by an authorised signatory of the club.

The medical doctor, named _____,
appointed by the licence applicant, named _____,
hereby confirms the following:

- 1. All those players who currently belong to the Under _____ squad of the club (see squad list attached) have undergone medical screening as per SPO 1.03**
- 2. The performed screening / examination has been in conformity with the minimum content defined by the FAI Club Licensing Manual Criteria.**
- 3. The players' medical records are kept up-to-date.**

Date

Name of medical doctor

Signature

Drs Stamp

Date

Name of authorised
signatory of the licence
applicant

Signature

List of Under ___ team Squad Players who have undergone medical screening



X	Player Name	Date of Screening	
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