



GUIDANCE NOTES NO:

5.10

FREQUENTLY-ASKED MEDICAL QUESTIONS

FOR ALL

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FOR ALL

CONTENTS

INTRODUCTION

3

FREQUENTLY-ASKED MEDICAL QUESTIONS RELATED TO:

- ACUTE INJURY OR ILLNESS
- MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS
- MEDICAL STAFFING AND EMERGENCY CARE PROVISION
- ENVIRONMENT AND WEATHER
- EQUIPMENT, KIT AND TECHNOLOGIES

4

5

8

10

12

OTHER INFORMATION AND SUPPORT SERVICES

13

INTRODUCTION

The FA receives various questions and queries related to clinical medicine and associated topics across all levels of the game.

While each query may necessitate an individualised approach to player care, this document is intended to support individuals or clubs by signposting them to relevant information and further resources.

This guidance is for general information only and does not replace any Government, NHS or UKHSA guidance. Nor does it replace any medical advice which may have been provided by a suitable healthcare professional for your specific circumstances.

While efforts have been taken to ensure the accuracy of this guidance at the time of publication, you are reminded that medical guidance can change from time to time. It is recommended that you take steps to ensure that you are aware of and keep up to date with the latest information and best practice.

Please note, where any pre-existing illness or injuries exist, they should be discussed with the club or football programmes first aider, health and safety officer and/or medical officer so that the Medical Emergency Action Plan (MEAP) can be updated accordingly. This should be reviewed and completed prior to each football season.

Click [here](#) to download an editable template for club MEAP, which also includes a Medical Consent Form and a Player Injury Report Form.



ACUTE INJURY OR ILLNESS

How should I manage an injury sustained whilst playing football?

- Injuries and illness can occur during any sporting activity and should be managed as they would be if they occurred in school, a workplace or normal daily living.
- The acute general principles of soft tissue injury involve PRICE:
 - **PROTECT:** Protection from further damage or injury.
 - **REST:** Stop playing and avoid physical activity until you have sought appropriate medical support.
 - **ICE:** Ice can be applied with a barrier between the skin and ice between 10-15 minutes at a time.
 - **COMPRESSION:** Use elastic compression bandages, applied above, over and below the injury, during the day to limit swelling.
 - **ELEVATION:** Keep the injured body part raised where possible to reduce swelling.
- An acute illness or injury may be severe enough to require emergency medical support, in which case the player or another person should contact their club's first point of contact for first aid and/or other appropriate medical services within the club's Medical Emergency Action Plan (MEAP). Click [here](#) to find a template for a club MEAP, which also contains Medical Consent Form and a Player Injury Report Form.
- Where required, further medical support may be required from an appropriately trained specialist related to the medical problem in question. The player (or their parent/carer) should speak with their established local specialist service or ask for onward referral via their GP.
- A record of the injury and any actions taken should be kept and passed on to the appropriate person at the club or organisation. See above for a link to the template of a Player Injury Report Form.



MEDICAL CONDITIONS, SPECIFIC DIAGNOSES OR MEDICATIONS

I have a diagnosed medical problem. Is it safe for me to play football?

- The benefits of regular physical activity for people living with long term health conditions are well established. Exercise has consistently proven to be good for both physical and mental health and is used, in combination with standard medical care, in the primary prevention and treatment of many chronic medical conditions.
- Football, as a team sport, can also help contribute to the development of wider social skills such as teamworking and communication.
- People with long-term conditions are often fearful of worsening their condition or experiencing potentially undesired consequences from playing sport. In fact, when physical activity levels are increased gradually, and where necessary supported by medical professionals, the risk of serious adverse events is very low.
- Where appropriate, an additional risk assessment may be required from the club or football programme with whom the player or participant is registered. This may include the requirement for a 'doctor's letter' as confirmation of the individuals clearance to participate in football.
- Examples of such cases may include, but are not limited to, clinical conditions such as epilepsy, diabetes, asthma or certain conditions which necessitate specific medical treatment which may lead to an increased risk posed by contact sports, such as the use of anti-coagulants. An example of the systems in place for such conditions can be seen in the next question in the FAQs.
- Resources such as the Faculty of Sport and Exercise Medicine's 'Moving Medicine' project, found [here](#), provide evidence-based approaches and information for a wide range of clinical conditions and groups.
- A club or football programme may have a duty of care to put in place adequate Medical Emergency Action Plans and safety processes to safeguard an individuals health and welfare. This responsibility is not, however, just for a club or organisers. Individuals (or their parent/guardian) also have a responsibility to look after themselves, be aware of risks and limit the potential for accidents, injury and long-term damage. Please be aware that it is not a mandatory requirement for all clubs to have medical staff in post so please ensure the care provided in the club is adequate for each player's care needs.



If a player has a medical problem, what systems should be in place for them?

- The club MEAP should include the care required for this player, agreed with the player and/or the parent/carer and all coaching and support staff should be advised on this. This should be signed and agreed at the start of each season.
- The player should have a note from their GP if there are any specific needs or concerns raised by the player or their parents/carer. This may require a parent/carer to be present for the duration of all sessions.
- A parent/carer and participants should carefully consider the support provided at the club as to the suitability of their participation. Not all clubs will be able to offer the same level of care and the responsibility is on the individual to ensure they choose a club that is able to support their needs.
- The player should bring with them any medication they may need, prior to each session and this should be held by a nominated person (named in the MEAP) and collected by the player at the end of each session. Where a player fails to bring their required medication to any session they will be unable to participate.
- If the player is feeling ill related to their medical problem, they should not attend sessions and take advice from their own GP or another appropriately qualified medical professional.
- If the player is taken ill during the session due to their medical problem, they will need to stop all activity and seek medical support.

I am a coach and one of my youth team players has a medical condition. How can I help?

- It is important to communicate frequently with the parents and guardians of any under-18s within your club or football programme, in order to understand and support any children with pre-existing medical conditions, injuries or needs.
- Good communication will help to ensure that there is clarity around what steps may be required to maintain each child's welfare and where different responsibilities lie. It will also provide organisations with an opportunity to explain and document any actions that they may be implementing to maintain the wellbeing of the child.
- As a coach, The FA strongly recommends that you undertake first-aid training through the [Introduction to First Aid in Football \(IFAiF\) Course](#) and [Emergency First Aid in Football \(EFAiF\) Course](#). It is mandatory to keep coaching first-aid qualifications up to date as part of all The FA's coaching qualifications.
- Where required, a specific care plan may be needed for individuals who have specific medical needs and may necessitate a parent or guardian being present for training or matches to provide care with this, agreed in advance and documented in the club's Medical Emergency Action Plan (MEAP).
- As a coach it is important that you have access to and understand the club's MEAP for all eventualities. Click [here](#) for a template for a club MEAP.





How do we manage infectious disease and skin conditions?

- Infectious diseases and skin conditions are common in the general population. This is evident not just in football but also in sport more generally and all sorts of events where groups gather. Many infections are spread by close contact with others and can be related to poor hygiene and sharing of equipment such as towels and bottles etc.
- As with attending school, nursery, summer clubs and other children's events, one can't guarantee that there is no risk of transmission of infection but it is reasonable to expect individual's and club's work to minimise the risk of transmission, by adhering to good hygiene and following public health advice.
- If an individual is acutely unwell then they should follow NHS advice to call 111 or see a healthcare professional.

I have been given medication by my doctor for a medical diagnosis. Am I safe to play football?

- When an individual is prescribed a certain emergency medication, this should be available for them whilst they are playing, supporting or officiating. It should be stored safely and with someone with adequate responsibility who can provide this as and when needed by the individual.
- Medications should only be administered by someone with appropriate training, qualifications and knowledge. Any medications should be returned to the individual (or their parent/guardian) after the completion of their session.

- Some medications can be and should be given by lay people with appropriate training in the event of an emergency, such as an Adrenaline pen in anaphylaxis or inhalers in an acute asthma attack but this should be in line with [Government legislation](#).
- Specific clinical queries related to an individual should be directed to the player/officials General Practitioner (GP) who acts as their regular medical practitioner and will be able to support clinical decision making related to sports participation and risk management.
- Individuals taking any medication should have an awareness of the anti-doping regulations for them as individuals. This can be checked through the [World Anti-Doping Agency \(WADA\) Code](#), [UK Anti-Doping \(UKAD\)](#) and/or [FA Anti-Doping](#).

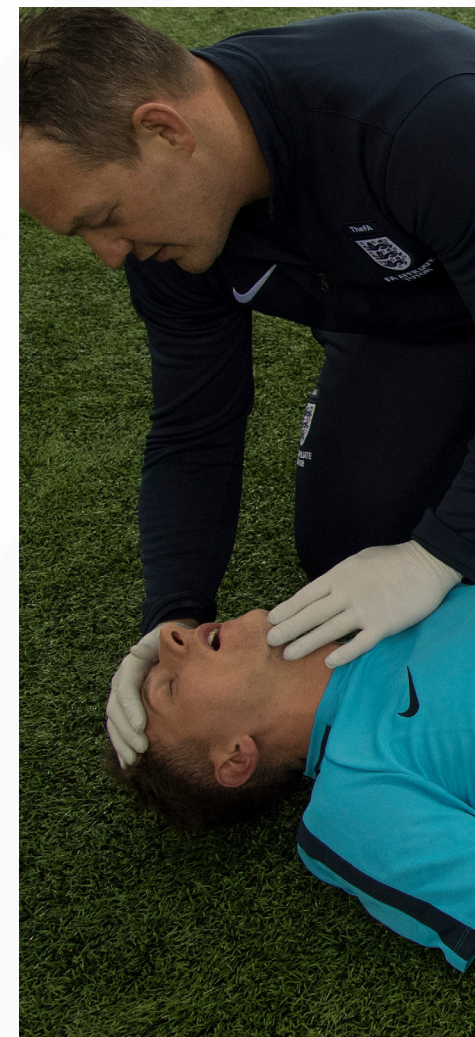
Who should manage medical data or information held at a football club?

- Holding and/or sharing certain information about a person's medical history may be useful in supporting that individual. However, a club, football programme or organisation must ensure that they have a lawful basis for controlling and/or processing any personal data. Medical information may also be deemed to be 'special category data' under the General Data Protection Regulations (GDPR). This information can only be used if the relevant controller can demonstrate that it has met one of the limited legal grounds for its use. There may be serious financial penalties for breaching data protection law, therefore it is recommended that you seek independent legal advice before collecting or processing medical information. Further guidance can be found at the Information Commissioner's Office [website](#).

MEDICAL STAFFING AND EMERGENCY CARE PROVISION

What emergency medical provision should we have in place for our football training and matches?

- Whatever the level of facilities and resources, taking steps to ensure the safety of people playing, supporting, officiating and watching sport is fundamental. This responsibility is not just for a club or organisers but individuals also have a responsibility to look after themselves and others, be aware of risks and limit the potential for accidents, injury and long term damage.
- A club or football programme may also have a duty of care to put in place adequate Medical Emergency Action Plans and safety processes to safeguard an individual's health and welfare.
- It may not always be possible to have dedicated medical expertise on hand but it should still be possible to have a basic level of awareness among those present about what immediate action to take, whether that be calling for further assistance from emergency services or administering basic first aid. The club MEAP will assist in supporting provision in these situations.
- Please check with your league or local County FA for the medical requirements that relate to your level of participation. The FA provides five levels of first aid and medical training in football. More on the courses available can be found [here](#).
- Individual leagues or tournaments, particularly in the professional game, may have their own medical regulations. It is important to familiarise yourself and check compliance with these if participating in these competitions.
- Where a club or organisation is keen to hire medical staff they should do so in a formal manner with appropriate consideration to safer recruitment procedures, including the relevant Disclosure and Barring Services (DBS) Check, and of an individual's education, training and qualifications for the role, registration with a regulatory body, and safeguarding training. Club medical staff should be compliant with the necessary employment regulations, including adhering to the FA's pitch-side emergency aid qualifications for the appropriate level of football.
- Where a club or organisation is looking to purchase first aid or other medical equipment and its use by appropriately trained personnel. Clubs should follow manufacturer guidelines for maintenance and servicing of any equipment purchased.
- The FA regulations state it is mandatory that all facilities in Steps 1-6 of the game have access to the provision of an Automated External Defibrillator (AED) on site.
- If the AED used by your club or football programme is a public access AED then it is important to reflect on this within your MEAP to detail how you would access this in the event of an emergency.
- The FA has developed an online course to provide additional education and training on the use of AEDs and the topic of sudden cardiac arrest (SCA) in football. This course can be accessed [here](#).
- The Faculty of Sport and Exercise Medicine have also produced a position statement, which can be used as a reference, on the use of AEDs in public spaces, found [here](#).
- Where individual players, coaches or support staff are required to have formal education in first aid or emergency medical care, they can find information on courses on [The FA website](#).



- **The FA provides five levels of medical training for football:**

- **LEVEL 1: Introduction to First Aid in Football (IFAiF) Course** - This is an online course suitable for anyone looking to develop their knowledge and understanding of medical care for players of all ages.
- **LEVEL 2: Emergency First Aid in Football (EFAiF) Course** - This is a one-day course to raise the standard of first aid provision within football. It is suitable for coaches, players, parents, club officials or anyone wishing to be qualified in first aid.
- **LEVEL 3: Emergency Medical First Aid in Football (EMFAiF) Course** - This is a one-day course aimed at those with more experience, providing advanced skills that can be called upon in emergency situations.
- **LEVEL 4: Intermediate Trauma Medical Management in Football (ITMMiF) Course** - This two-day course builds on advanced immediate care skills and provides an experience and certification to act as the primary care provider in the pre-hospital environment in football. This course is only for post-graduate healthcare professionals who wish to work in football.
- **LEVEL 5: Advanced Trauma Medical Management in Football (ATMMiF) Course** - This two-day course is the highest medical qualification provided by The FA


and is designed specifically for doctors, physiotherapists or other disciplines responsible for the pre-hospital care of footballers. This course is only for post-graduate healthcare professionals who wish to work in football.

- The '**Green Guide**' is a guide to safety at sports grounds and is recognised as the key document related to safety operations and risk management of sports grounds. For queries related to minimum standards of emergency service provision this guide should act as the reference point. This guide extends beyond first aid to any players. A club's health and safety officer should have access to this document.
- Further resources can be found here:
 - **FIFA 'First Aid Manual and Related Healthcare Issues for Football'**
 - **FIFA 'Football Emergency Care Manual'**



ENVIRONMENT AND WEATHER

In extremes of weather, what can we do to make football safer?

- Football is the most popular sport played globally. As such it is played in most geographic locations, including at different altitudes and under varying climatic conditions which include heat, cold, humidity, wind and other weather conditions.
 - The human body maintains a constant core temperature range through thermo-regulation. Extreme weather conditions, especially heat and cold, can trigger physiological responses that can impact performance and be a risk to health.
 - In extreme heat, players are at risk of suffering from heat-stress disorders such as heat cramps, heat exhaustion or heat strokes. Learning on how to manage this can be gained through the [Emergency First Aid in Football \(EFAiF\) Course](#). You can also access the complete suite of FA pitchside care courses [here](#).
 - In extreme cold, players can be at risk of injuries from hypothermia to frostbite when their bodies experience excessive heat loss.
 - FIFA has developed guidelines for the professional game to prevent or mitigate this risk. These guidelines rely on an assessment of the Wet Bulb Globe Temperature (WBGT) to measure the weather conditions. The WBGT is a composite temperature calculated from several relevant parameters such as air temperature, humidity, sun exposure or wind speed. It is recognised and monitored by FIFA before matches using a special temperature device.
 - As a WBGT is not easy to measure, these guidelines are not easily replicated in the grassroots or youth game and so referees, coaches, managers, players and volunteers should err on the side of caution in extremely high temperatures and try to mitigate risk by introducing cooling/hydration breaks and by playing early or late in the day to avoid peak temperatures.
 - FIFA's guidelines on extreme heat are that if there is a WBGT of more than 32°C (89.6 degrees Fahrenheit) cooling breaks are mandatory in both halves of a match, around the 30th minute and 75th minute. The decision on whether to suspend or cancel the match is at
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- The image shows a medical professional, likely a physiotherapist or first aid responder, applying a white cream or ointment to a player's lower leg. The player is lying down, and the professional is wearing a white shirt and a watch. A small jar of the cream is visible on a blue towel next to the leg.
- The pitch condition and its impact on health and safety is within the scope of the match officials responsibilities but should be taken into account when assessing if a training session or match is safe.
 - If there are concerns about the environment and its suitability or safety then those should be raised and discussions involving all parties (referees, coaches, managers, players and volunteers) should take place to decide on what additional measures are put in place to safeguard health and wellbeing. **Note:** the final decision of whether the pitch/conditions are playable rests with the referee.
 - The FA has written guidance on the steps that should be taken in the event of a thunderstorm to protect the safety of participants in grassroots football. Please find a link for this guidance [here](#).
 - More information can be found in '[Football Emergency Care Manual](#)' in the chapter on environmental injuries in football.

If it is a very hot and sunny day, what can we do at the club to protect the health of participants?

- If agreed with the referee and both coaches that the game should take place, additional stoppages should be in place. Water breaks can occur at time intervals or after natural stoppages if the ball is out of play or following a team goal.
- Water bottles can be placed around the pitch for players to drink from during the game as required (please be aware of the consequences of sharing water bottles on the risk of spreading infection).
- For further information, see below:
 - Ice and cooling/wet towels can be provided in the dug out.
 - Areas of shade should be available for substitutes and during half-time.
 - It is advisable to wear and re-apply sunscreen regularly during a sunny or hot day. The sun-screen should have a high sun-protection factor (SPF) of at least 30 to protect against UVB and at least 4-star UVA protection.
 - The use of a hat by those on the sidelines (e.g substitutes, coaches, spectators) to shield the head and face will also protect from direct exposure from the sun.
- Players should be educated on the risk of dehydration and heat illness and advised if they feel dizzy, are unable to concentrate or unduly fatigued they should let you know immediately.
- Players should be monitored closely for signs of fatigue and substituted if any sign or symptom is visible.
- Players should be advised to hydrate immediately after the session and drink at least one-two litres of water. Isotonic drinks can be provided during a game/session but be aware if players are not used to drinking anything other than water this can cause stomach upset and should be avoided in these circumstances.
- Where there is any doubt or concern as to the suitability of participation, even if the Wet Bulb Globe Temperature (see previous page) has not reached the temperature as advised by FIFA, then the game should not go ahead.



EQUIPMENT, KIT AND TECHNOLOGIES

What are the compulsory pieces of equipment for football?

- The basic compulsory equipment of a football player comprises a jersey or shirt with sleeves, shorts, socks, shin-guards and footwear.
- A player must not use equipment or wear anything that is dangerous. Non-dangerous protective equipment, for example head-gear, facemasks and knee and arm protectors made of soft, lightweight padded material are permitted as are sports spectacles.
 - [IFAB Laws of the Game – Law 4: The Players Equipment](#)
 - [FIFA Equipment Regulations](#)

Can I wear additional medical equipment whilst actively involved in football?

- There will be instances and individual cases where a player, official or other support staff will require certain equipment (such as medical piercings or wearable medical devices) for their health due to a diagnosed medical

condition. In such circumstances, the individual should request a 'doctor's letter' from their own GP stating that the equipment in question cannot be removed for sport. This is only to be used for medical reasons. This letter should be stored appropriately at the club, football programme or organisation and shown to the referee or session lead before any football activities.

- Where medical devices are worn they may need to be covered to keep them and other players safe from harm.
- Mouthguards can be worn during football and a [position statement](#) covering their use has been written by the Faculty of Sport and Exercise Medicine in conjunction with the Faculty of Dental Surgery and the Royal College of Surgeons of England.
- The responsibility is with the individual (or their parent/guardian) to get the signed GP declaration and to provide a copy to the club or organisation for evidential use.
- Where appropriate, an additional risk assessment may be required from the club or football programme with whom the individual is registered.



OTHER INFORMATION AND SUPPORT SERVICES

What pre-participation screening should take place before playing football?

- Physical activity and exercise can come with risk and some may have conditions or lifestyles that make participating in sport more prone to harm.
- Although screening is not mandatory by law in the UK or by The FA, it has become an increasing requirement for some sports events.
- Many organisations use a questionnaire to screen participants, such as the Physical Activity Readiness Questionnaire (PAR-Q) to uncover any potential health or lifestyle issues prior to exercise. The questionnaire is short and easy to administer and if it reveals an issue then further review with a participant's GP is advised.
- GPs are increasingly asked to complete medicals for sporting events that enable patients to participate in sport. Your GP may request payment for such services.
- Used appropriately, pre-participation screening may be able to help in the risk assessment for a football player or official and may help identify risk factors for harm, injury or illness.

Does The FA organise cardiac screening for all footballers?

- Since 1995, The FA has administered a cardiac screening programme for male scholars entering the professional game at the age of 16. This is paid for by the Professional Footballers' Association and helps to ensure that players entering the professional game have had a pre-employment check.
- We know that sudden cardiac arrest (SCA) is uncommon in young people, but nevertheless around 12 SCAs per week happen across the UK general population. Based on data collected from The FA's scholar screening programme, there is some evidence that the incidence of SCA may be increased in male professional footballers compared to the general population. As a result, and as a precautionary measure, The FA's cardiac screening programme now extends to several other groups of elite level players including all England national team players, professional female players, under-15 male players and as of the 2025/26 season, female professional academy players. FIFA and UEFA also have cardiac screening requirements for participation in their tournaments.



- Conducting cardiac screening can be expensive and sometimes stressful as 'false positive' results can cause worry for players who actually have nothing wrong with them but who need further investigations to confirm this. Also, a 'clear' cardiac screen does not always mean that a player will never have cardiac issues. We know that a number of players who have had SCA have had 'clear' cardiac screening previously. Routine cardiac screening outside the professional leagues in football is not

currently recommended. For these reasons the important approach in all situations where football is played is to ensure that:

- Players understand that if they have symptoms that might be linked to cardiac conditions such as palpitations (fluttering of the heart), shortness of breath that is out of proportion to the amount of training or physical effort, chest pain or faintness with exercise, they report these to their club medical

staff, where applicable, or to their GP, even if they have previously had a normal cardiac screen.

- Players should also consider cardiac screening if they have a family member who has experienced SCA at a young age as some conditions which cause SCA can be inherited. Further information on privately funded screenings is set out below.
- Clubs observe the ‘renewal’ dates associated with the first aid qualifications of their coaching and pitchside staff to ensure that appropriate first aid can be provided in the event of an emergency.
- Clubs use their pitchside first-aid qualified staff and FA resources to form a club Medical Emergency Action Plan (MEAP) which helps to outline where essential equipment is stored and who can help. You can download a template for a club MEAP [here](#).
- The MEAP includes a description of where the nearest AED (defibrillator) is located and how to access it.

You can also access The FA’s free Sudden Cardiac Arrest e-learning module [here](#).

Can I pay for my own screening privately?

If you have the above listed measures in place and are not a professional player but are interested in cardiac screening for yourself or other players, you can access screening privately. The most widely used service that specialises in SCA in young people is a charity called Cardiac Risk in

the Young (CRY) which provides affordable access to cardiac screening across the UK: <https://www.c-r-y.org.uk/screening/>.

You could also approach your local private hospital where self-funded screenings via a test called an ECG with a cardiologist report is likely to be available. You should always make sure that any test results are also forwarded to your NHS GP. There are also a number of providers who offer remote and on-site screening to clubs which can make accessing screening easier for groups of players. The FA does not have approved providers nor is The FA responsible for regulating these providers. We therefore recommend that you seek advice from your usual medical practitioner before deciding to access private screening outside the regulated hospital or clinic environment.

What bereavement services are available in football?

- The FA has a [Catastrophic Incident Referral Form](#) accessible online and completed via the County FA as a means of referral.
- There are various bereavement services available to children who have experienced bereavement including [Child Bereavement UK](#) and [Grief Encounter](#).
- For the parents of a young player who dies tragically, Cardiac Risk in the Young (CRY) can offer [bereavement services](#) through peer-to-peer support. There are also booklets written for bereaved families explaining more about conditions which can cause a sudden cardiac death. [Child Bereavement UK](#) also provides support for parents/carers





when a baby or child of any age dies or is dying. They offer groups for bereaved parents/carers, online and in-person. You may also find other support services in your specific locality.

What do I need to know about concussion?

- Awareness of the impact of concussion and how it should be treated has improved over recent years as medical knowledge has developed.
- The FA has published concussion guidelines designed for those who manage head injuries in football, from clubs, to schools, to parents and doctors. More information can be found [here](#).
- Footballers who sustained a suspected concussion, either during training or in a game, should immediately be removed from the pitch and not allowed to return until the appropriate treatment has been administered.

The FA recommends that all coaches should complete the England Football Learning's [free concussion guidelines course](#) annually.

Heading in football

- The FA has introduced heading guidelines to provide grassroots clubs, coaches and players with the recommended guidance for training sessions. This covers youth football and the amateur game.
- This guidance can be found online [here](#) along with similar guidance for the professional game.
- Following the publication of The FA and PFA-funded FIELD study, carried out by

the University of Glasgow and published in 2019, The FA established the independently-chaired research task-force to advise on future research and football's response to research findings.

- There was no evidence in the FIELD study to suggest that heading the ball was the cause to the link with incidence of degenerative neurocognitive disease, but to mitigate against any potential risks the updated heading guidance was produced in parallel with UEFA's medical committee.
- In 2022, The FA became the first national association to successfully adopt the International Football Association Board (IFAB) trial to remove deliberate heading in grassroots football matches at under-12 level and below.
- After two seasons of the IFAB trial in English football, we have now introduced a new rule to phase out deliberate heading in matches in all affiliated grassroots youth football between under-7 to under-11 levels over the next three seasons.
- This includes all leagues, clubs and any affiliated school football matches – starting with under-7 to under-9 levels from the 2024/25 season, then increasing to include under-10 level from 2025/26, and under-11 level from 2026/27.
- As grassroots players move from primary to secondary school, heading the ball will be introduced at this transition point in their under-12 season. More information can be found [here](#).



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