Worksheet: Firearm certificate application (FCA1): the medical section

Date

Ref

Patient	Date of birth	MRN
Address		

Section 2.2, completed by the applicant

Details of general medical practitioner

Details of other medical professionals, if any

Any medical condition, physical or mental, that may affect safe possession or use

If An Garda Síochána writes to the practice

Confirmation the applicant is a patient

Reply to the specific enquiry, from the record