CAF PRE-COMPETITION MEDICAL ASSESSMENT + (PCMA+ COVID-19)

PLAYER:

SURNAME:

FIRST NAME:

GENDER:

DATE OF BIRTH: (DAY / MONTH / YEAR)

NATIONAL TEAM:

CLUB:

COUNTRY OF CLUB:
1. **COMPETITION HISTORY**

Position
- ☐ goalkeeper
- ☐ defender
- ☐ midfielder
- ☐ striker

Dominant leg
- ☐ left
- ☐ right
- ☐ both

Number of matches played in the last 12 months

2. **MEDICAL HISTORY**

2.1 **PRESENT AND PAST HISTORY**

<table>
<thead>
<tr>
<th>General</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections (esp. viral) (within the last four weeks)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diarrhoea illness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heat illness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Concussion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Allergies</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart and lungs</th>
<th>no</th>
<th>at rest......during/after exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain or tightness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Palpitations</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dizziness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Syncope</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hypertension</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seizures, epilepsy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fatigue</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Additional notes:

__________________________

__________________________

- ________________________
- ________________________
### Additional Specific COVID-19 Personal History and Symptoms

Have you been tested for covid-19 before (PCR only)  
Yes ☐  No ☐

If Yes  
Have ever had a CT chest suggestive of Covid-19 (please specify date)  
Yes ☐  No ☐

Fever within the past four days  
Yes ☐  No ☐

Dry cough  
Yes ☐  No ☐

Tiredness  
Yes ☐  No ☐

Aches and pains  
Yes ☐  No ☐

Sore throat  
Yes ☐  No ☐

Diarrhea  
Yes ☐  No ☐

Loss of taste or smell  
Yes ☐  No ☐

Difficulty breathing or shortness of breath  
Yes ☐  No ☐

### Musculoskeletal system

**Severe injury** leading to more than four weeks of limited participation or absence from play/training:

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>Most Recent Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>groin strain</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>strain of quadriceps femoris muscles</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>hamstring strain</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>knee ligament injury</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>ankle ligament</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>other (please specify below):________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
</tbody>
</table>

Other:______________________________________________________________

### Musculoskeletal surgery:

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
<th>Most Recent Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>hip joint</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>groin</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>knee ligaments</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>knee meniscus or cartilage</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Achilles tendon</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>ankle joint</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>other operations (please specify below)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>when?______ (year)</td>
</tr>
</tbody>
</table>

Other:_________________________________________________________________
Current complaints, aches, or pains:

☐ no  ☐ yes, please specify **body parts**

- head/face
- cervical spine
- thoracic spine
- lumbar spine
- sternum/ribs
- abdomen
- pelvis/sacrum
- shoulder
- upper arm
- elbow
- forearm
- wrist
- hand
- fingers
- right
- left
- hip
- groin
- thigh
- knee
- lower leg
- Achilles tendon
- ankle
- foot, toe

Current diagnosis and treatment:

- right
- left

☐ no  ☐ groinv pain
☐ hamstring strain
☐ quadriceps strain
☐ knee strain
☐ meniscus lesion
☐ tendinosis of Achilles tendon
☐ ankle sprain
☐ concussion
☐ lower back pain
☐ rest
☐ physiotherapy
☐ surgery

2.2 **FAMILY HISTORY (MALE RELATIVES < 55 YEARS OLD, FEMALE RELATIVES < 65 YEARS OLD)**

- Sudden cardiac death
- Sudden infant death
- Coronary heart disease
- Cardiomyopathy
- Hypertension
- Recurrent syncope
- Arrhythmia
- Heart transplant
- Heart surgery
- Pacemaker/defibrillator
- Marfan syndrome
- Unexplained drowning
- Unexplained car accident
- Stroke
- Diabetes
- Cancer
- Other (arthritis etc.)
2.3 Routine Medication within Last 12 Months

Please specify: ________________________________

3. General Physical Examination

Height: ______ cm/______ inches    Weight: _____kg/

Thyroid gland          [ ] normal   [ ] abnormal
Lymph nodes/spleen     [ ] normal   [ ] abnormal

**Lungs**

Breath sounds          [ ] normal   [ ] abnormal

Murmurs

Please specify

**Abdomen**

Palpation              [ ] normal   [ ] abnormal

Please specify

**Marfan criteria**¹

[ ] no    [ ] yes, specify according to appendix:

____________________________________________________________________________________

4. Cardiovascular System

Rhythm                  [ ] normal   [ ] arrhythmic

Heart sounds            [ ] normal   [ ] abnormal, please specify:

[ ] split
[ ] paradoxically split
[ ] 3rd heart sound
[ ] 4th heart sound

Heart murmurs           [ ] no    [ ] yes, please specify:

[ ] systolic – intensity: ___/6
[ ] diastolic – intensity: ____/6

Punctum maximum: ___________________
Peripheral oedema  □ no  □ yes

Jugular veins (45-degree position)  □ normal  □ abnormal

Hepatojugular reflux  □ no  □ yes

**Circulation/blood vessels**

Peripheral pulses  □ palpable  □ not palpable (i.e. radial, femoral arteries)

Vascular bruits  □ no  □ yes, please specify: __________________________ (i.e. carotid artery)

Varicose veins  □ no  □ yes

**Heart rate after five minutes’ rest**

_____/min

**Blood pressure in supine position after five minutes’ rest**

Right arm  ____/____ mmHg

Left arm  ____/____ mmHg

(Ankle  ____ mmHg  (only in case of clinical suspicion)
4.1 **12-LEAD RESTING ECG* IN SUPINE POSITION AFTER FIVE MINUTES’ REST**

* Please record and store ECG for clinical and legal issues.

Please perform and assess the 12-lead ECG according to the current International (Seattle) Criteria². Consult a cardiologist in case of any doubt.

Required parameters are missing or incorrect.

**Summary assessment of ECG**

☐ normal  ☐ abnormal, please specify:

‘_______________________________________________________________’

4.2 **ECHOCARDIOGRAPHY**

* Please record and store Echo loops for clinical and legal issues.

The echocardiography should be performed by a designated physician and expert in echocardiography with experience in the assessment of athletes. The examination should be based on the internationally accepted echo guidelines in “non-athletes” ³. However, as athletes may exhibit physiologic deviations from conventional “ranges of normal”, we also refer to corresponding specific sports cardiology literature.
Parasternal long axis:

Parasternal short axis (incl. coronary artery origin):
Apical views:

Left ventricle:
- Dimensions: normal □ abnormal □
  - LVEDV: ______ ml
  - LVEDVI: ______ ml
- Systolic function: normal □ abnormal □
  - LVEF: ______ %
- Diastolic function: normal □ abnormal □

Right ventricle:
- Dimensions: normal □ abnormal □
- Function: normal □ abnormal □

Left atrium:
- Dimensions: normal □ abnormal □
- LAVI: ______ ml/m²
Right atrium:
- Dimensions: normal ☐ abnormal ☐
- RAVI: ______ml/m²

Apical 2-chamber view:
normal ☐ abnormal ☐

Apical 3-chamber view:
normal ☐ abnormal ☐

Subcostal view:
normal ☐ abnormal ☐

Jugular view:
Dimensions of the aortic arc: normal ☐ abnormal ☐
Aortic isthmus stenosis: yes ☐ no ☐

Summary:
Structural heart disease (including relevant valve or myocardial disease, coronary anomaly):
no ☐ yes ☐ (please specify: ______________________________)

Normal dimensions:
yes ☐ no ☐ (specify: ______________________________)

Normal function:
yes ☐ no ☐ (specify: ______________________________)

Pulmonary hypertension:
no ☐ yes ☐ (highest systolic RV-/RA-Gradient ______ mmHg)
Further assessment required:

no □ yes □ (please specify: ____________________________)

Summarising assessment of echocardiography □ normal □ abnormal

5. BLOOD RESULTS (FASTING)
* According to clinical setting (suggestion).

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>_____ mg/dl</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>_____ %</td>
</tr>
<tr>
<td>Erythrocytes</td>
<td>_____ mg/dl</td>
</tr>
<tr>
<td>Thrombocytes</td>
<td>_____ mg/dl</td>
</tr>
<tr>
<td>Leukocytes</td>
<td>_____ mg/dl</td>
</tr>
<tr>
<td>Sodium</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>Potassium</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>Creatinine</td>
<td>_____ µmol/l</td>
</tr>
<tr>
<td>Cholesterol (total)</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>LDL cholesterol</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>Glucose</td>
<td>_____ mmol/l</td>
</tr>
<tr>
<td>C-reactive protein</td>
<td>_____ mg/l</td>
</tr>
</tbody>
</table>
6. MUSCULOSKELETAL SYSTEM

6.1 SPINAL COLUMN AND PELVIC LEVEL

<table>
<thead>
<tr>
<th>Spine form</th>
<th>normal</th>
<th>flat</th>
<th>hyper kyphosis</th>
<th>hyper lordosis</th>
<th>scoliosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic level</td>
<td>even</td>
<td>_____cm lower</td>
<td>right</td>
<td>left</td>
<td></td>
</tr>
<tr>
<td>Sacroiliac joint</td>
<td>normal</td>
<td>abnormal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical rotation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>right</td>
<td>_____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>left</td>
<td>_____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
</tbody>
</table>

Spinal flexion
Distance fingertips to floor _____cm

6.2 EXAMINATION OF HIPS, GROINS AND THIGHS

Hip flexibility

Flexion (passive)
| right | normal | limited _____° | painful | no | yes |
| left  | normal | limited _____° | painful | no | yes |

Extension (passive)
| right | normal | limited _____° | painful | no | yes |
| left  | normal | limited _____° | painful | no | yes |

Inward rotation (in 90° flexion)
| right | _____° | painful | no | yes |
| left  | _____° | painful | no | yes |

Outward rotation (in 90° flexion)
| right | _____° | painful | no | yes |
| left  | _____° | painful | no | yes |

Abduction
| right | _____° | painful | no | yes |
| left  | _____° | painful | no | yes |

Tenderness on groin palpation
| right | no | pubis | inguinal canal |
| left  | no | pubis | inguinal canal |
Hernia
right  no  yes, please specify____________________________
left  no  yes, please specify____________________________

Muscles
Adductors
right  normal  shortened  painful:  no  yes
left  normal  shortened  painful:  no  yes

Hamstrings
right  normal  shortened  painful:  no  yes
left  normal  shortened  painful:  no  yes

Iliopsoas
right  normal  shortened  painful:  no  yes
left  normal  shortened  painful:  no  yes

Rectus femoris
right  normal  shortened  painful:  no  yes
left  normal  shortened  painful:  no  yes

Tensor fasciae latae muscle (iliotibial band)
right  normal  shortened  painful:  no  yes
left  normal  shortened  painful:  no  yes

6.3 Examination of knees

Knee-joint axis
right  normal  genu varum  genu valgum
left  normal  genu varum  genu valgum

Flexion (passive)
right  normal  limited _____°  painful  no  yes
left  normal  limited _____°  painful  no  yes

Extension (passive)
right  0°  limited _____°  painful  no  yes
  hyperextension _____°
left  0°  limited _____°  painful  no  yes
  hyperextension _____°

Lachman test
right  normal  +  ++  +++
left  normal  +  ++  +++
**Anterior drawer sign** (knee joint in 90° flexion)
right normal + ++ +++
left normal + ++ +++

**Posterior drawer sign** (knee joint in 90° flexion)
right normal + ++ +++
left normal + ++ +++

**Valgus stress, in extension**
right normal + ++ +++
left normal + ++ +++

**Valgus stress, in 30° flexion**
right normal + ++ +++
left normal + ++ +++

**Varus stress, in extension**
right normal + ++ +++
left normal + ++ +++

**Varus stress, in 30° flexion**
right normal + ++ +++
left normal + ++ +++

**Joint line tenderness**
right medial normal + ++ +++
right lateral normal + ++ +++
left medial normal + ++ +++
left lateral normal + ++ +++

### 6.4 EXAMINATION OF LOWER LEG, ANKLE AND FOOT

**Tenderness of Achilles tendon**
right no yes
left no yes

**Anterior drawer sign**
right normal + ++ +++
left normal + ++ +++

**Dorsi-flexion**
right ______° painful no yes
left ______° painful no yes

**Plantar flexion**
right ______° painful no yes
left ______° painful no yes
Total supination
right  [ ] normal  [ ] decreased  [ ] increased
left   [ ] normal  [ ] decreased  [ ] increased

Total pronation
right  [ ] normal  [ ] decreased  [ ] increased
left   [ ] normal  [ ] decreased  [ ] increased

Metatarsophalangeal joint
right  [ ] normal  [ ] pathological
left   [ ] normal  [ ] pathological

7. SUMMARY ASSESSMENT

Medical history
[ ] Normal
[ ] Eligible to play football, follow-up required, please specify reason: __________________________
[ ] Play not recommended please specify reason: __________________________

Clinical examination
[ ] Normal
[ ] Eligible to play football, follow-up required, please specify reason: __________________________
[ ] Play not recommended please specify reason: __________________________

Orthopaedic examination
[ ] Normal
[ ] Eligible to play football, follow-up required, please specify reason: __________________________
[ ] Play not recommended please specify reason: __________________________

12-lead resting ECG
[ ] Normal
[ ] Eligible to play football, follow-up required, please specify reason: __________________________
[ ] Play not recommended please specify reason: __________________________
Echocardiography

☐ Normal
☐ Eligible to play football, follow-up required, please specify reason: ________________________
☐ Play not recommended please specify reason: ____________________________________________

Other findings

☐ Normal
☐ Eligible to play football, follow-up required, please specify reason: ________________________
☐ Play not recommended please specify reason: ____________________________________________

If abnormalities arise in any of the examination results relating to the PCMA, we strongly recommend consultation with the respective medical expert. Please also refer to the Associations’ Declaration of Agreement to the Pre-Competition Medical Assessment (PCMA). The signed declaration must be returned to the FIFA Medical & Anti-Doping Department before the competition.

8. COVID-19 SPECIFIC TESTS
   • In the event of recovery after contamination and known and recognized clinical form of COVID-19:
     -- Completely redo the PCMA + examination
     -- Pulmonary computed tomography (scanner): Search for specific COVID-19 images
     -- Cardiac MRI: Look for signs of myocarditis
   • Biology: PCR tests MD-14
     -- Molecular tests by RT-PCR for the detection of the SARS-CoV-2 coronavirus genome
     -- “Virologic Testings” which detect the presence of the SARS-Cov-2 viral genome in the body.
     NB. Please attach any Imaging and/or Laboratory reports

9. Players' Physical Fitness Certificate (Optional)
   • Issued by the Technical Staff of the Team
   • Participate in the injury prevention program
     -- Iso-kinetic test (Cybex, Contrex or Biodex type)
     -- Stress Test (VO2Max)
     -- Test - Dental Profile (Occlusion - Odontology)
     -- Field tests
ELIGIBLE TO PLAY COMPETITIVE FOOTBALL  ☐ yes ☐ no

8. EXAMINING PHYSICIAN AND INSTITUTION

Name of the examining physician: ______________________________________________________

Address: ____________________________________________________________

_____________________________________________________________________________

Phone no.: ________________________ Fax no: ________________________________

Email: ________________________________________________________________

Date:_______________________ Signature: ________________________________

Appendix

1  The revised Ghent nosology for the Marfan syndrome

   Please see main publication for details or go to https://www.marfan.org/.
   Loeys BL et al. Journal of Medical Genetics 2010;47:476-485

2  International criteria for electrocardiographic interpretation in athletes

   Please see main publication for details:

3  Recommendations for Cardiac Chamber Quantification by Echocardiography in
   Adults: An Update from the American Society of Echocardiography and the
   European Association of Cardiovascular Imaging