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

General	**no**	**yes**
	☐	☐
Infections (esp. viral) (within the last four weeks)	☐	☐
Diarrhoea illness	☐	☐
Heat illness	☐	☐
Concussion	☐	☐
Allergies	☐	☐
Heart and lungs	**no**	**at rest……during/after exercise**
Chest pain or tightness	☐	☐ ☐
Palpitations	☐	☐ ☐
Dizziness	☐	☐ ☐
Syncope	☐	☐ ☐
Hypertension	☐	☐
Seizures, epilepsy	☐	☐
Fatigue	☐	☐

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:

	right	left		most recent occurrence
☐ no	☐	☐	groin strain	when?_____ (year)
	☐	☐	strain of quadriceps femoris muscles	when?_____ (year)
	☐	☐	hamstring strain	when?_____ (year)
	☐	☐	knee ligament injury	when?_____ (year)
	☐	☐	ankle ligament	when?_____ (year)
	☐	☐	other (please specify below):_____	when?_____ (year)

Other:_____

Musculoskeletal surgery:

	right	**left**		**most recent operation**
☐ no	☐	☐	hip joint	when?_____ (year)
	☐	☐	groin	when?_____ (year)
	☐	☐	knee ligaments	when?_____ (year)
	☐	☐	knee meniscus or cartilage	when?_____ (year)
	☐	☐	Achilles tendon	when?_____ (year)
	☐	☐	ankle joint	when?_____ (year)
	☐	☐	other operations (please specify below)	when?_____ (year)

Other:_____

Current complaints, aches, or pains:

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

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

Current diagnosis and treatment:

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

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

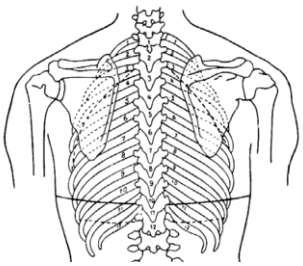
	no	father	mother	sibling	other
Sudden cardiac death	☐	☐	☐	☐	☐
Sudden infant death	☐			☐	☐
Coronary heart disease	☐	☐	☐	☐	☐
Cardiomyopathy	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Recurrent syncope	☐	☐	☐	☐	☐
Arrhythmia	☐	☐	☐	☐	☐
Heart transplant	☐	☐	☐	☐	☐
Heart surgery	☐	☐	☐	☐	☐
Pacemaker/defibrillator	☐	☐	☐	☐	☐
Marfan syndrome	☐	☐	☐	☐	☐
Unexplained drowning	☐	☐	☐	☐	☐
Unexplained car accident	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Other (arthritis etc.)	☐	☐	☐	☐	☐

2.3 ROUTINE MEDICATION WITHIN LAST 12 MONTHS

Please specify: _____

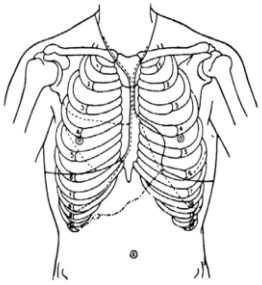
3. GENERAL PHYSICAL EXAMINATION

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

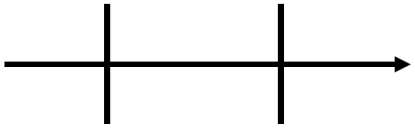
Rhythm ☐ normal ☐ arrhythmic

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: _____



☐ clicks
☐ changes during Valsalva

Peripheral oedema	☐ no	☐ yes
Jugular veins (45-degree position)	☐ normal	☐ abnormal
Hepatojugular reflux	☐ no	☐ yes

Circulation/blood vessels

Peripheral pulses *(i.e. radial, femoral arteries)*	☐ palpable	☐ not palpable
Vascular bruits *(i.e. carotid artery)*	☐ no	☐ yes, please specify: _____
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) Criteria[2]. Consult a cardiologist in case of any doubt.

Required parameters are missing or incorrect.

Summary assessment of ECG ☐ normal ☐ abnormal, please specify:

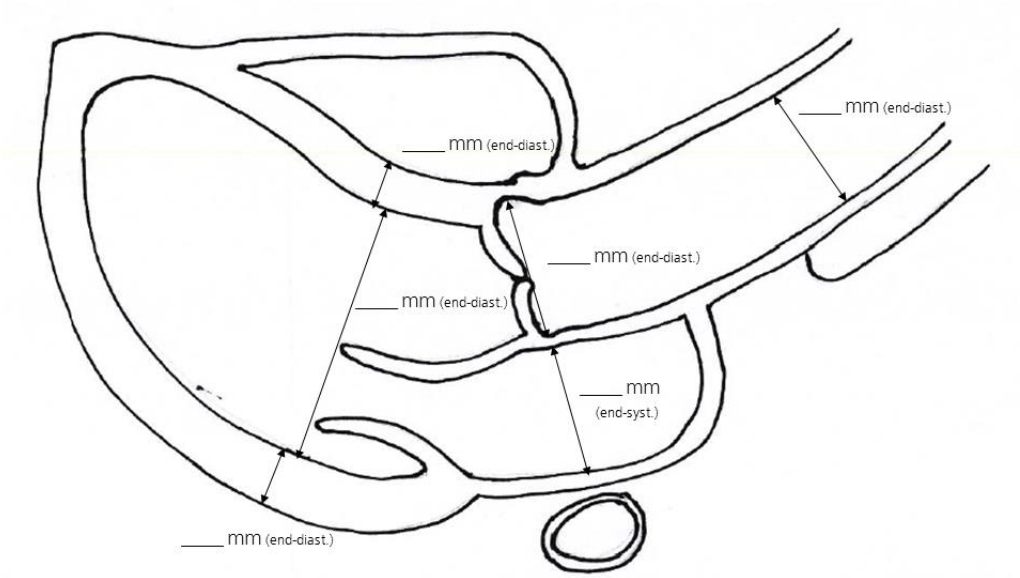
_____

4.2 ECHOCARDIOGRAPHY

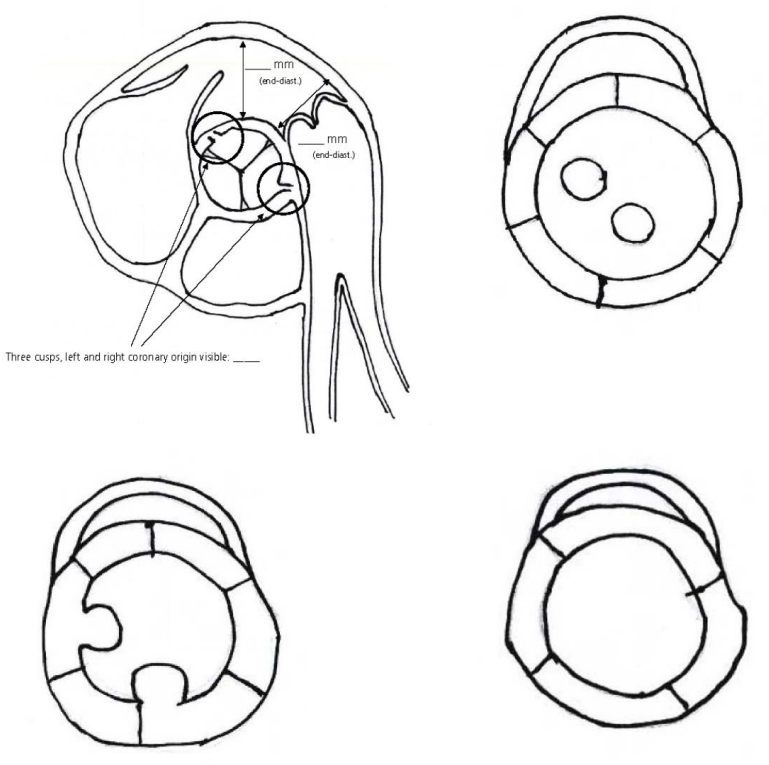
* Please record and store Echo loops for clinical and legal issues.

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.

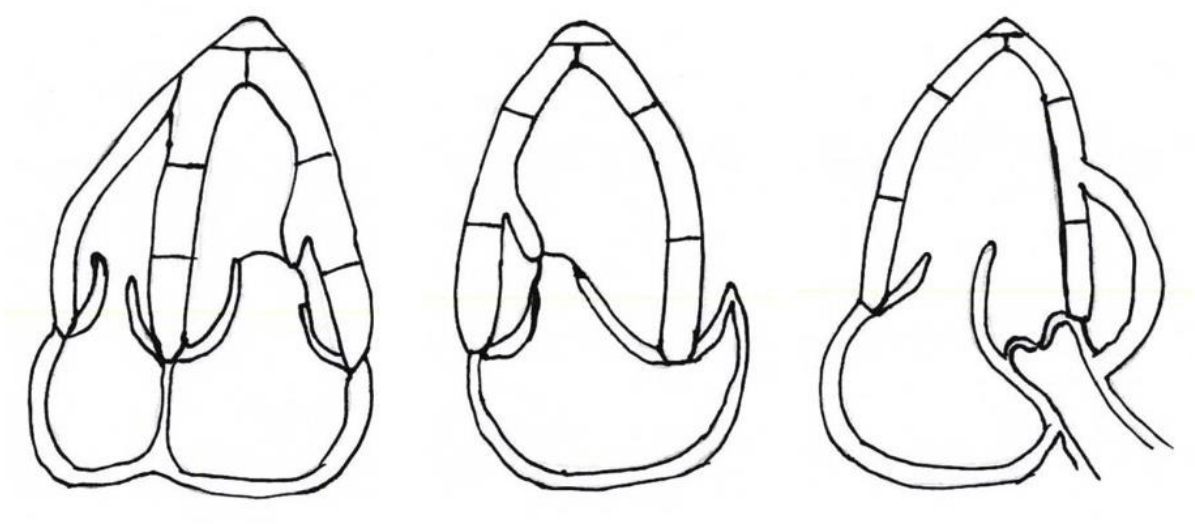
Parasternal long axis:



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/m^2

Right atrium:

- Dimensions: normal ☐ abnormal ☐
- RAVI: _____ml/m^2

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).

Haemoglobin	_____ mg/dl
Haematocrit	_____ %
Erythrocytes	_____ mg/dl
Thrombocytes	_____ mg/dl
Leukocytes	_____ mg/dl
Sodium	_____ mmol/l
Potassium	_____ mmol/l
Creatinine	_____ µmol/l
Cholesterol (total)	_____ mmol/l
LDL cholesterol	_____ mmol/l
HDL cholesterol	_____ mmol/l
Triglycerides	_____ mmol/l
Glucose	_____ mmol/l
C-reactive protein	_____ mg/l

6. MUSCULOSKELETAL SYSTEM

6.1 SPINAL COLUMN AND PELVIC LEVEL

Spine form ☐ normal ☐ flat ☐ hyper kyphosis ☐ hyper lordosis ☐ scoliosis

Pelvic level ☐ even _____cm lower ☐ right ☐ left

Sacroiliac joint ☐ normal ☐ abnormal

Cervical rotation

right _____° painful ☐ no ☐ yes

left _____° painful ☐ no ☐ yes

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:
Drezner JA et al. Br J Sports Med 2017;1:1-28

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

Lang RM et al. J Am Soc Echocardiogr 2015; 28:1-39