FIFA
PRE-COMPETITION
MEDICAL ASSESSMENT (PCMA)

COMPETITION LEVEL:

FIFA ☐ CONFEDERATION ☐ NATIONAL ☐

PLAYER:

SURNAME: _____ FIRST NAME:_____

DATE OF BIRTH: _____ (DAY / MONTH / YEAR)

NATIONAL TEAM: _____

LOCAL CLUB: _____

COUNTRY OF CLUB: _____

1. COMPETITION HISTORY

Position on the field ☐ goalkeeper ☐ defender ☐ midfielder ☐ striker

Dominant leg ☐ left ☐ right ☐ both

Number of matches in the last 12 months _____

2. MEDICAL HISTORY

2.1 PRESENT AND PAST COMPLAINTS

General	**no**	yes, within **the last 4 weeks**	yes, **prior** to the last 4 weeks
Flu-like symptoms	☐	☐	
Infections (esp. viral)	☐	☐	☐
Rheumatic fever	☐	☐	☐
Heat illness	☐	☐	☐
Concussion	☐	☐	☐
Allergies to food, insects	☐	☐	☐
Allergies to drugs	☐	☐	☐
Heart and lung	**no**	within the last 4 weeks **at rest……during/after exercise**	prior to last 4 weeks **at rest…during/after exercise**
Chest pain or tightness	☐	☐ ☐	☐ ☐
Shortness of breath	☐	☐ ☐	☐ ☐
Asthma	☐	☐ ☐	☐ ☐
Cough	☐	☐ ☐	☐ ☐
Bronchitis	☐	☐ ☐	☐ ☐
Palpitations / Arrhythmias	☐	☐ ☐	☐ ☐
Other heart problems	☐	☐ ☐	☐ ☐
Dizziness	☐	☐ ☐	☐ ☐
Syncope	☐	☐ ☐	☐ ☐
	no	yes, within the **last 4 weeks**	yes, **prior** to the last 4 weeks
Hypertension	☐	☐	☐
Heart murmur	☐	☐	☐
Abnormal lipid profile	☐	☐	☐
Seizures, epilepsy	☐	☐	☐
Advised to give up sport	☐	☐	☐
More quickly tired than team mates	☐	☐	☐
Diarrhoea illness	☐	☐	☐

Musculoskeletal system

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

	right –left		latest occurrence
☐ no	☐ ☐	groin strain	when?_____ (year)
	☐ ☐	strain of m. quadriceps femoris	when?_____ (year)
	☐ ☐	strain of hamstring	when?_____ (year)
	☐ ☐	ligament injury of the knee	when?_____ (year)
	☐ ☐	ligament injury of the ankle	when?_____ (year)
	☐ ☐	others, please specify:_____	when?_____ (year)

For others please provide diagnosis:_____

Operations of the musculoskeletal system:

	right –left		latest operation
☐ no	☐ ☐	hip joint	when?_____ (year)
	☐ ☐	groin (due to pubalgia)	when?_____ (year)
	☐ ☐	knee ligaments	when?_____ (year)
	☐ ☐	knee meniscus or cartilage	when?_____ (year)
	☐ ☐	Achilles tendon	when?_____ (year)
	☐ ☐	ankle joint	when?_____ (year)
	☐ ☐	other operations	when?_____ (year)

For others please provide diagnosis:_____

Current complaints, aches or pain:

☐ 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	☐	☐	pubalgia	☐ 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
	☐	☐	low back pain	☐ rest	☐ physiotherapy	☐ surgery

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

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

2.3 ROUTINE MEDICATION WITHIN LAST 12 MONTHS

	no	yes
Non-steroidal anti inflammatory drugs	☐	☐
Asthma medication	☐	☐
Antihypertensive drugs	☐	☐
Lipid lowering drugs	☐	☐
Antidiabetic drugs	☐	☐
Psychotropic drugs	☐	☐
Other _____	☐	☐

3. General Physical Examination

Height _____ cm/_____ inch Weight: _____kg/_____ lbs

Thyroid gland	☐ normal	☐ abnormal
Lymph nodes/spleen	☐ normal	☐ abnormal

Lungs

Percussion	☐ normal	☐ abnormal
Breath sounds	☐ normal	☐ abnormal

Abdomen

Palpation	☐ normal	☐ abnormal

Marfan Criteria

☐ no

☐ yes, please specify:
- ☐ chest deformities
- ☐ long arms and legs
- ☐ flat footedness
- ☐ scoliosis
- ☐ lens dislocation
- ☐ other: _____

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
- ☐ clicks
- ☐ changes during Valsalva manoeuvre
- ☐ changes when abruptly stands up

Peripheral oedema ☐ no ☐ yes

Jugular veins (45° position) ☐ normal ☐ abnormal

Hepato-jugular reflux ☐ no ☐ yes

Blood vessels

Peripheral pulses ☐ palpable ☐ not palpable

Delay in femoral pulses ☐ no ☐ yes

Vascular bruits ☐ no ☐ yes

Varicose veins ☐ no ☐ yes

Heart rate after 5 Minutes rest

_____ /min

Blood Pressure in Supine Position after 5 minutes rest

Right arm ___ / ___ mmHg

Left arm ___ / ___ mmHg

Ankle ___ / ___ mmHg

4.1 12-LEAD RESTING ECG* IN SUPINE POSITION AFTER 5 MINUTES REST

* Please attach copy

Heart rate _____ /min

Rhythm/Conduction
- ☐ normal
- ☐ abnormal, please specify:
  - ☐ premature ventricular beats
  - ☐ premature supraventricular beats
  - ☐ supraventricular tachycardia
  - ☐ ventricular arrhythmia
  - ☐ atrial flutter/fibrillation
  - ☐ delta wave
  - ☐ atrio-ventricular block, please specify:
    - ☐ first degree
    - ☐ second degree type I
    - ☐ second degree type II
    - ☐ third degree

Time indices
PQ _____ ms
QRS _____ ms broader in V1, V2
QTc _____ ms

Atrial enlargement
- ☐ no
- ☐ yes, left (negative portion of the P wave in lead V1≥0.1mV in depth and ≥0.04 s in duration)
- ☐ yes, right (peaked P wave in leads II and III or V1≥0.25mV in amplitude)

Depolarisation / QRS complex

Axis
- ☐ normal
- ☐ abnormal (≥+120° or -30° to -90°)

Voltage
- ☐ normal
- ☐ abnormal

LV hypertrophy
- ☐ no
- ☐ yes

Q Waves
- ☐ normal
- ☐ abnormal (>0.04 s in duration or >25% of height of ensuing R wave or QS pattern in two or more leads)

Bundle Branch Block
- ☐ no
- ☐ yes, please specify:
  - ☐ complete (>0.12 s) left
  - ☐ complete (>0.12 s) right
  - ☐ incomplete left anterior
  - ☐ incomplete left posterior
  - ☐ incomplete right

R wave
- ☐ normal
- ☐ pathologic R or R' wave in lead V1 (≥ 0.5mV in amplitude + R/S ratio ≥1)
- ☐ others

Repolarisation (ST-segment, T waves, QT-interval)

☐ normal ☐ abnormal, please specify:

	Lead											
	I	II	III	aVR	aVL	AVF	V1	V2	V3	V4	V5	V6
ST-depression	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ST-elevation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T-wave flattening	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T-wave inversion	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Summarising assessment of ECG ☐ normal ☐ abnormal

4.2 ECHOCARDIOGRAPHY (normal values of general population)

* Please provide CD-rom/DVD with loops

Body surface area (BSA):_____ m²

Left ventricle (LV)

End-diastolic diameter _____ cm/m²
(normal values: ♀ 2.4-3.2 cm/m², ♂ 2.2-3.1cm/m²)

End-systolic diameter _____ cm/m²

End-diastolic interventricular septum thickness _____ cm/m²
(normal values: ♀ <0.9 cm/m², ♂ <1.0cm/m²)

Diastolic posterior wall thickness _____ cm/m²
(normal values: ♀ <0.9 cm/m², ♂ <1.0cm/m²)

LV Diastolic volume _____ ml/m²
(normal values: ♀, ♂ 35-75 ml/m²)

LV Systolic volume _____ ml/m²
(normal values: ♀, ♂ 12-30 ml/m²)

LVMMI (LV mass/BSA; linear method) _____ g/m²
(normal values: ♀ <95 g/m²), ♂ <115 g/m²)

Systolic function

Mitral anterior movement _____ mm

Fractional shortening (endocardial) _____ %
(normal values: ♀ >27 %, ♂ > 25 %)

Ejection fraction (Simpson biplane or area length method) _____ %
(normal value: ≥ 55%)

Regional wall motion ☐ normal ☐ abnormal

Diastolic function	E Wave		_____ cm/s
	A Wave		_____ cm/s
	(E/A ratio)		_____
	Deceleration time		_____ ms
	E' (Tissue Doppler)	septal	_____ cm/s
		lateral wall	_____ cm/s
		E/E'	_____

Left atrium

Diameter (M-mode, parasternal long axis) _____ cm

Area (4-chamber view) _____ cm
(normal value: <20 cm²)

Volume (in Simpson or area length method) _____ ml/m²
(normal values: ♀, ♂ < 28ml/m²)

Right atrium/Inferior Vena cava

Area (4-chamber view) _____ cm
(normal: <20 cm²)

IVC diameter _____ cm

Respiratory variability of the IVC ☐ >50% ☐ <50%

Right ventricle

Mid-RV diameter (4-chamber view, RVD 2) _____ cm (normal value: < 3.3 cm)

Base-to-apex length (4-chamber view, RVD 3) _____ cm (normal value: <7.9 cm)

Fac (fractional area change) _____ % (normal value: > 32%)

TAM (tricuspidal anterior motion) _____ mm

Systolic RV/RA gradient _____ mmHg

Regional wall motion ☐ normal ☐ abnormal

Local aneurysm ☐ no ☐ yes

Hypertrophy ☐ no ☐ yes

Free wall thickness _____ cm (normal: < 0.5 cm)

Cardiac valves

Aortic valve	☐ normal	☐ abnormal
Mitral valve	☐ normal	☐ abnormal
Tricuspid valve	☐ normal	☐ abnormal
Pulmonal valve	☐ normal	☐ abnormal

Specify abnormalities: _____

Aortic root diameter (AoD, Sinus Valsalva) _____ cm

Aorta ascendens _____ cm

Summarising assessment of echocardiography ☐ normal ☐ abnormal

5. BLOOD RESULTS (FASTING)

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 ☐ hyperkyphosis ☐ hyperlordosis ☐ 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 HIP, GROIN AND THIGH

Flexibility of the hip

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 fascia latae muscle (iliotibial band)

right ☐ normal ☐ shortened painful: ☐ no ☐ yes

left ☐ normal ☐ shortened painful: ☐ no ☐ yes

6.3 Examination of Knee

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

☐ hyper-extension _____°

left ☐ 0° ☐ limited _____° painful ☐ no ☐ yes

☐ hyper-extension _____°

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	☐ +	☐ ++	☐ +++

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. Summarising Assessment

Medical history

- ☐ Normal
- ☐ Eligible for football, follow-up required,
  please specify:_____
- ☐ Play not recommended
  please specify: _____

Clinical examination

- ☐ Normal
- ☐ Eligible for football, follow-up required,
  please specify:_____
- ☐ Play not recommended
  please specify: _____

Orthopaedic examination

- ☐ Normal
- ☐ Eligible for football, follow-up required,
  please specify:_____
- ☐ Play not recommended
  please specify: _____

12-lead resting ECG

- ☐ Normal
- ☐ Eligible for football, follow-up required,
  please specify:_____
- ☐ Play not recommended
  please specify: _____

Echocardiography

- ☐ Normal
- ☐ Eligible for football, follow-up required,
  please specify:_____
- ☐ Play not recommended
  please specify: _____

Other findings

- ☐ Normal
- ☐ Eligible for football, follow-up required,
  please specify:_____
- ☐ Play not recommended

please specify: _____

Eligibility for competitive Football ☐ **yes** ☐ **no**

8. EXAMINING PHYSICIAN AND INSTITUTION

Name of the examining physician: _____

Address: _____

_____

_____

Phone No.: _____ Fax No: _____

Email _____

Date:_____ Signature: _____