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
- □ midfielder
- □ defender
- □ striker

Dominant leg
- □ left
- □ right
- □ both

Number of matches in the last 12 months

2. **MEDICAL HISTORY**

2.1 **PRESENT AND PAST COMPLAINTS**

<table>
<thead>
<tr>
<th>General</th>
<th>yes, within the last 4 weeks</th>
<th>yes, prior to the last 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu-like symptoms</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Infections (esp. viral)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Rheumatic fever</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 to food, insects</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Allergies to drugs</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Heart and lung</td>
<td>within the last 4 weeks at rest...during/after exercise</td>
<td>prior to last 4 weeks at rest...during/after exercise</td>
</tr>
<tr>
<td>Chest pain or tightness</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asthma</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Cough</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Palpitations / Arrhythmias</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other heart problems</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Dizziness</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Syncope</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

General
- □ yes, within the last 4 weeks
- □ yes, prior to the last 4 weeks

<table>
<thead>
<tr>
<th>General</th>
<th>yes, within the last 4 weeks</th>
<th>yes, prior to the last 4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Heart murmur</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Abnormal lipid profile</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Seizures, epilepsy</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Advised to give up sport</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>More quickly tired than team mates</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Diarrhoea illness</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Musculoskeletal system

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

- [ ] no
- [ ] groin strain
- [ ] strain of m. quadriceps femoris
- [ ] strain of hamstring
- [ ] ligament injury of the knee
- [ ] ligament injury of the ankle
- [ ] others, please specify: ____________________________

For others please provide diagnosis: _________________________________

Operations of the musculoskeletal system:

- [ ] no
- [ ] hip joint
- [ ] groin (due to pubalgia)
- [ ] knee ligaments
- [ ] knee meniscus or cartilage
- [ ] Achilles tendon
- [ ] ankle tendon
- [ ] other operations

For others please provide diagnosis: _________________________________

Current complaints, aches or pain:

- [ ] 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
  - [ ] hip
  - [ ] groin
  - [ ] thigh
  - [ ] knee
  - [ ] lower leg
  - [ ] Achilles tendon
  - [ ] ankle
  - [ ] foot, toe

Current diagnosis and treatment:

- [ ] no
- [ ] pubalgia
- [ ] hamstring strain
- [ ] quadriceps strain
- [ ] knee sprain
- [ ] meniscus lesion
- [ ] tendinosis of Achilles tendon
- [ ] ankle sprain
- [ ] concussion
- [ ] low back pain
- [ ] rest
- [ ] physiotherapy
- [ ] surgery
  
  - [ ] right-left
  - [ ] pubalgia
  - [ ] hamstring strain
  - [ ] quadriceps strain
  - [ ] knee sprain
  - [ ] meniscus lesion
  - [ ] tendinosis of Achilles tendon
  - [ ] ankle sprain
  - [ ] concussion
  - [ ] low back pain
  - [ ] rest
  - [ ] physiotherapy
  - [ ] surgery
### 2.2 FAMILY HISTORY (MALE RELATIVES < 55 YEARS, FEMALE RELATIVES < 65 YEARS)

<table>
<thead>
<tr>
<th>Condition</th>
<th>no</th>
<th>father</th>
<th>mother</th>
<th>sibling</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden cardiac death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden infant death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent syncope</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrhythmias</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart transplantation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacemaker/Defibrillator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfan syndrome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained drowning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained car accident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (arthritis etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.3 ROUTINE MEDICATION WITHIN LAST 12 MONTHS

<table>
<thead>
<tr>
<th>Medication</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-steroidal anti inflammatory drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihypertensive drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipid lowering drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidiabetic drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotropic drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: _______________________

© F-MARC 2009
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:

<table>
<thead>
<tr>
<th>Lead</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>aVR</th>
<th>aVL</th>
<th>AVF</th>
<th>V1</th>
<th>V2</th>
<th>V3</th>
<th>V4</th>
<th>V5</th>
<th>V6</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST-depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST-elevation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-wave flattening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-wave inversion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
  (normal values: ♀ 2.4-3.2 cm/m², ♂ 2.2-3.1 cm/m²) ______ cm/m²

- End-systolic diameter ______ cm/m²

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

- Diastolic posterior wall thickness ______ cm/m²
  (normal values: ♀ <0.9 cm/m², ♂ <1.0 cm/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
Mitral valve
Tricuspid valve
Pulmonal valve

Specify abnormalities: ____________________________________________

Aortic root diameter (AoD, Sinus Valsalva) ______ cm
Aorta ascendens ______ cm

Summarising assessment of echocardiography

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
- left

Spinal flexion
Distance fingertips to floor
- _____ cm

6.2 EXAMINATION OF HIP, GROIN AND THIGH

Flexibility of the hip

Flexion (passive)
- right
- left

Extension (passive)
- right
- left

Inward rotation (in 90° flexion)
- right
- left

Outward rotation (in 90° flexion)
- right
- left

Abduction
- right
- left

Tenderness on groin palpation
- right
- left
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
left   0°  limited _____°  painful  no  yes

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
### EXAMINING PHYSICIAN AND INSTITUTION

<table>
<thead>
<tr>
<th>Name of the examining physician:</th>
<th>____________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>______________________________________________________________________</td>
</tr>
<tr>
<td>Phone No.:</td>
<td>___________________________ Fax No: _________________________________</td>
</tr>
<tr>
<td>Email</td>
<td>___________________________</td>
</tr>
<tr>
<td>Date:</td>
<td>___________________________ Signature: _____________________________</td>
</tr>
</tbody>
</table>