



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

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	☐	☐	☐

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

☐ no	right	left	latest occurrence
	☐	☐ 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:

☐ no	right	left	latest operation
	☐	☐ 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**

☐ head / face	☐ shoulder	☐ right	☐ -left	☐ 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
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Breath sounds	☐ normal	☐ abnormal
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Abdomen

Palpation	☐ normal	☐ abnormal
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Marfan Criteria

☐ no	☐ yes, please specify: ☐ chest deformities ☐ long arms and legs ☐ flat footedness ☐ scoliosis ☐ lens dislocation ☐ other: _____
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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 ≥ 0.1 mV in depth and ≥ 0.04 s in duration)
☐ yes, right (peaked P wave in leads II and III or V1 ≥ 0.25 mV in amplitude)

Depolarisation / QRS complex

Axis ☐ normal ☐ abnormal ($\geq +120^\circ$ 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 (≥ 0.5 mV 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) _____ cm²
(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) _____ cm²
(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: _____