FIFA Pre-competition Medical Assessment (PCMA)

PLAYER:

SURNAME: ______________________  FIRST NAME: ______________________

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

NATIONAL TEAM: ________________________________________________

LOCAL CLUB: __________________________________________________

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

<table>
<thead>
<tr>
<th>Position on the field</th>
<th>goalkeeper</th>
<th>defender</th>
<th>midfielder</th>
<th>striker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominant leg</td>
<td>left</td>
<td>right</td>
<td>both</td>
<td></td>
</tr>
</tbody>
</table>

Number of matches in the last 12 months ____________

2. **MEDICAL HISTORY**

2.1 **PRESENT AND PAST COMPLAINTS**

<table>
<thead>
<tr>
<th>General</th>
<th>no</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>
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</tr>
<tr>
<td>Infections (esp. viral)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies to food, insects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies to drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart and lung</td>
<td>no</td>
<td>within the last 4 weeks</td>
<td>prior to last 4 weeks</td>
</tr>
<tr>
<td>Chest pain or tightness</td>
<td></td>
<td>at rest…during/after exercise</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpitations / Arrhythmias</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other heart problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syncope</td>
<td></td>
<td>yes, within the last 4 weeks</td>
<td>yes, prior to the last 4 weeks</td>
</tr>
</tbody>
</table>

| 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:

- [ ] no
- [ ] yes, please specify

<table>
<thead>
<tr>
<th>Condition</th>
<th>Right</th>
<th>Left</th>
<th>Latest occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groin strain</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Strain of m. quadriceps femoris</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Strain of hamstring</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Ligament injury of the knee</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Ligament injury of the ankle</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Others, please specify:_____________</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
</tbody>
</table>

For others please provide diagnosis: ___________________________________________

Operations of the musculoskeletal system:

- [ ] no
- [ ] yes, please specify

<table>
<thead>
<tr>
<th>Operation</th>
<th>Right</th>
<th>Left</th>
<th>Latest operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip joint</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Groin (due to pubalgia)</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Knee ligaments</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Knee meniscus or cartilage</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Achilles tendon</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Ankle joint</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
<tr>
<td>Other operations</td>
<td></td>
<td></td>
<td>when? _______ (year)</td>
</tr>
</tbody>
</table>

For others please provide diagnosis: ___________________________________________

Current complaints, aches or pain:

- [ ] no
- [ ] yes, please specify

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head / face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum / ribs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvis / sacrum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current diagnosis and treatment:

- [ ] yes, please specify

<table>
<thead>
<tr>
<th>Condition</th>
<th>Right</th>
<th>Left</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pubalgia</td>
<td></td>
<td></td>
<td>rest</td>
</tr>
<tr>
<td>Hamstring strain</td>
<td></td>
<td></td>
<td>physiotherapy</td>
</tr>
<tr>
<td>Quadriceps strain</td>
<td></td>
<td></td>
<td>surgery</td>
</tr>
<tr>
<td>Knee sprain</td>
<td></td>
<td></td>
<td>rest</td>
</tr>
<tr>
<td>Meniscus lesion</td>
<td></td>
<td></td>
<td>physiotherapy</td>
</tr>
<tr>
<td>Tendinosis of Achilles tendon</td>
<td></td>
<td></td>
<td>surgery</td>
</tr>
<tr>
<td>Ankle sprain</td>
<td></td>
<td></td>
<td>rest</td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td></td>
<td>physiotherapy</td>
</tr>
<tr>
<td>Low back pain</td>
<td></td>
<td></td>
<td>surgery</td>
</tr>
</tbody>
</table>
### 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>
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<tr>
<td>Sudden infant death</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Coronary heart disease</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>Heart surgery</td>
<td></td>
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<tr>
<td>Pacemaker/Defibrillator</td>
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<tr>
<td>Marfan syndrome</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unexplained drowning</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Unexplained car accident</td>
<td></td>
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<tr>
<td>Stroke</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Others (arthritis etc.)</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>Antidiabetic drugs</td>
<td></td>
<td></td>
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<tr>
<td>Psychotropic drugs</td>
<td></td>
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<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**
  - 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**
  - 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

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 (≥ +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

(≥ 0.5 mV 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>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ST-elevation</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>T-wave flattening</td>
<td></td>
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<tr>
<td>T-wave inversion</td>
<td></td>
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</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: ♀ <3.2 cm/m², ♂ <3.1 cm/m²) _____ cm
- End-systolic diameter _____ cm
- End-diastolic interventricular septum thickness
  (normal values: ♀ <0.9 cm/m², ♂ <1.0 cm/m²) _____ cm
- Diastolic posterior wall thickness
  (normal values: ♀ <0.9 cm/m², ♂ <1.0 cm/m²) _____ cm
- LV Diastolic volume
  (normal values: ♀, ♂ <75 ml/m²) _____ ml
- LV Systolic volume
  (normal values: ♀, ♂ <30 ml/m²) _____ ml
- LVMMI (LV mass/BSA; linear method)
  (normal values: ♀ <95 g/m², ♂ <115 g/m²) _____ 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  

Diastolic function  

- E Wave  
- A Wave  
- (E/A ratio)  
- Deceleration time  
- E' (Tissue Doppler)  
  - septal  
  - lateral wall  
- E/E'  

Left atrium  

- Diameter (M-mode, parasternal long axis)  
- Area (4-chamber view)  
  (normal value: <20 cm²)  
- Volume (in Simpson or area length method)  
  (normal values: ♀, ♂ < 28 ml/m²)  

Right atrium/Inferior Vena cava  

- Area (4-chamber view)  
  (normal: <20 cm²)  
- IVC diameter  
- Respiratory variability of the IVC  
  - >50%  
  - <50%  

Right ventricle  

- Mid-RV diameter (4-chamber view, RVD 2)  
  (normal value: < 3.3 cm)  
- Base-to-apex length (4-chamber view, RVD 3)  
  (normal value: <7.9 cm)  
- Fac (fractional area change)  
  (normal value: > 32%)  
- TAM (tricuspidal anterior motion)  
- Systolic RV/RA gradient  
- Regional wall motion  
- Local aneurysm  
- Hypertrophy  
- Free wall thickness  
  (normal: < 0.5 cm)
Cardiac valves

Aortic valve  □ normal  □ abnormal
Mitral valve  □ normal  □ abnormal
Tricuspid valve □ normal  □ abnormal
Pulmonary 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

<table>
<thead>
<tr>
<th>Spine form</th>
<th>normal</th>
<th>flat</th>
<th>hyperkyphosis</th>
<th>hyperlordosis</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>right</td>
<td>____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>left</td>
<td>____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Spinal flexion</td>
<td>Distance fingertips to floor</td>
<td>____ cm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 6.2 Examination of Hip, Groin and Thigh

**Flexibility of the hip**

**Flexion** (passive)

<table>
<thead>
<tr>
<th></th>
<th>right</th>
<th>normal</th>
<th>limited ____°</th>
<th>painful</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>left</td>
<td>normal</td>
<td>limited ____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
</tbody>
</table>

**Extension** (passive)

<table>
<thead>
<tr>
<th></th>
<th>right</th>
<th>normal</th>
<th>limited ____°</th>
<th>painful</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>left</td>
<td>normal</td>
<td>limited ____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
</tbody>
</table>

**Inward rotation** (in 90° flexion)

<table>
<thead>
<tr>
<th></th>
<th>right</th>
<th>____°</th>
<th>painful</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>left</td>
<td>____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
</tbody>
</table>

**Outward rotation** (in 90° flexion)

<table>
<thead>
<tr>
<th></th>
<th>right</th>
<th>____°</th>
<th>painful</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>left</td>
<td>____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
</tbody>
</table>

**Abduction**

<table>
<thead>
<tr>
<th></th>
<th>right</th>
<th>____°</th>
<th>painful</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>left</td>
<td>____°</td>
<td>painful</td>
<td>no</td>
<td>yes</td>
</tr>
</tbody>
</table>

**Tenderness on groin palpation**

<table>
<thead>
<tr>
<th></th>
<th>right</th>
<th>no</th>
<th>pubis</th>
<th>inguinal canal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>left</td>
<td>no</td>
<td>pubis</td>
<td>inguinal canal</td>
</tr>
</tbody>
</table>
### 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, +, ++, +++

### 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
- **Left**: _, _° painful

#### Plantar flexion
- **Right**: _, _° painful
- **Left**: _, _° painful

#### Total supination
- **Right**: normal, decreased, increased
- **Left**: normal, decreased, increased

#### Total pronation
- **Right**: normal, decreased, increased
- **Left**: normal, decreased, increased
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: _____________________________________