FIFA Pre-Competition Medical Assessment (PCMA)

PLAYER:

SURNAME: ___________________________ FIRST NAME: ___________________________

GENDER: ___________________________

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

NATIONAL TEAM: ___________________________

CLUB: ___________________________

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

Position
- ☐ goalkeeper
- ☐ midfielder
- ☐ defender
- ☐ striker

Dominant leg
- ☐ left
- ☐ right
- ☐ both

Number of matches played 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections (esp. viral)</td>
<td></td>
<td></td>
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<tr>
<td>(within the last four weeks)</td>
<td></td>
<td></td>
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<tr>
<td>Diarrhoea illness</td>
<td></td>
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<tr>
<td>Rheumatic fever</td>
<td></td>
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<tr>
<td>Heat illness</td>
<td></td>
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<tr>
<td>Concussion</td>
<td></td>
<td></td>
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<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart and lungs</th>
<th>no</th>
<th>at rest......during/after exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain or tightness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpitations / Arrhythmias</td>
<td></td>
<td></td>
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<tr>
<td>Other heart problems</td>
<td></td>
<td></td>
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<tr>
<td>Respiratory problems</td>
<td></td>
<td></td>
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<tr>
<td>Dizziness</td>
<td></td>
<td></td>
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<tr>
<td>Syncope</td>
<td></td>
<td>yes</td>
</tr>
</tbody>
</table>

| Hypertension                    |    |                                    |
| Heart murmurs                   |    |                                    |
| Abnormal lipid profile          |    |                                    |
| Seizures, epilepsy              |    |                                    |
| Advised to give up sport        |    |                                    |
| Tired more quickly than team-mates | |                                    |

Additional notes: __________________________________________
**Musculoskeletal system**

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

- [ ] no
- [ ] right left
  - [ ] groin strain
  - [ ] strain of quadriceps femoris muscles
  - [ ] hamstring strain
  - [ ] knee ligament injury
  - [ ] ankle ligament
  - [ ] other (please specify below): ___________ when? _______ (year)

Other: __________________________________________

**Musculoskeletal surgery:**

- [ ] no
- [ ] right left
  - [ ] hip joint
  - [ ] groin
  - [ ] knee ligaments
  - [ ] knee meniscus or cartilage
  - [ ] Achilles tendon
  - [ ] ankle joint
  - [ ] other operations (please specify below) when? _______ (year)

Other: __________________________________________

**Current complaints, aches or pains:**

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

**Current diagnosis and treatment:**

- [ ] no
- [ ] right left
  - [ ] groin pain
  - [ ] hamstring strain
  - [ ] quadriceps strain
  - [ ] knee sprain
  - [ ] meniscus lesion
  - [ ] tendinosis of Achilles tendon
  - [ ] ankle sprain
  - [ ] concussion
  - [ ] lower back pain
  - [ ] rest
  - [ ] physiotherapy
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
  - [ ] surgery
### 2.2 Family History (Male relatives < 55 years old, Female relatives < 65 years old)

<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>
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<tr>
<td>Coronary heart disease</td>
<td></td>
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</tr>
<tr>
<td>Cardiomyopathy</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Recurrent syncope</td>
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<tr>
<td>Arrhythmia</td>
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<tr>
<td>Heart transplant</td>
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<tr>
<td>Heart surgery</td>
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<tr>
<td>Pacemaker/defibrillator</td>
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<tr>
<td>Marfan syndrome</td>
<td></td>
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<td></td>
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<tr>
<td>Unexplained drowning</td>
<td></td>
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<tr>
<td>Unexplained car accident</td>
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<tr>
<td>Stroke</td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Cancer</td>
<td></td>
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<tr>
<td>Other (arthritis etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 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**

☐ 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  
☐ clicks  
☐ changes during Valsalva

---
Peripheral oedema  ☐ no  ☐ yes

Jugular veins  ☐ normal  ☐ abnormal
(45-degree position)

Hepatojugular reflux  ☐ no  ☐ yes

**Circulation/blood vessels**

Peripheral pulses  ☐ palpable  ☐ not palpable  
(i.e. radial, femoral arteries)

Vascular bruits  ☐ no  ☐ yes, please specify: ________________________  
(i.e. carotid artery)

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*. Consult a cardiologist in case of any doubt.

<table>
<thead>
<tr>
<th>Normal ECG Findings</th>
<th>Borderline ECG Findings</th>
<th>Abnormal ECG Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increased QRS voltage for LVH or RVH</td>
<td>- Left axis deviation</td>
<td>- T wave inversion</td>
</tr>
<tr>
<td>- Incomplete Right Bundle Branch Block</td>
<td>- Left atrial enlargement</td>
<td>- ST segment depression</td>
</tr>
<tr>
<td>- Early repolarization/ST segment elevation</td>
<td>- Right axis deviation</td>
<td>- Pathologic Q waves</td>
</tr>
<tr>
<td>- ST elevation followed by T wave</td>
<td>- Right atrial enlargement</td>
<td>- Complete Left Bundle Branch Block</td>
</tr>
<tr>
<td>inversion V1-V4 in black athletes</td>
<td></td>
<td>- QRS ≥ 140 ms duration</td>
</tr>
<tr>
<td>- T wave inversion V1-V3 age &lt;16 years old</td>
<td></td>
<td>- Epsilon wave</td>
</tr>
<tr>
<td>- Sinus bradycardia (≥ 30bpm) or sinus arrhythmia</td>
<td></td>
<td>- Vetricular pre-excitation</td>
</tr>
<tr>
<td>- Ectopic atrial or junctional rhythm</td>
<td></td>
<td>- Prolonged QT interval</td>
</tr>
<tr>
<td>- 1° AV block</td>
<td></td>
<td>- Brugada Type 1 pattern</td>
</tr>
<tr>
<td>- Mobitz Type I 2° AV block</td>
<td></td>
<td>- Profound sinus bradycardia (≤ 30 bpm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- PR interval ≥ 400 ms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mobitz Type II 2° AV block</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 3° AV block</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- ≥ 2 Premature Ventricular Constractions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Atrial tachyarrhythmias</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ventricular arrhythmias</td>
</tr>
</tbody>
</table>

In isolation                                               2 or more

No further evaluation required                             Further evaluation required
In asymptomatic athletes with no family history of inherited cardiac disease or SCD

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 particular experience in the assessment of athletes. The examination should be based on the internationally accepted echo guidelines in “non-athletes*”. 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/m²
Right atrium:
- Dimensions: normal □ abnormal □
- RAVI: ______ml/m²

Apical 2-chamber view:
normal □ abnormal □

Apical 3-chamber view:
normal □ abnormal □

Subcostal view:
normal □ abnormal □

Jugular view:
Dimensions of the aortic arch: 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
- [ ] 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 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.

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:
   

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
   