



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 defender
 midfielder striker

Dominant leg left right both

Number of matches played in the last 12 months _____

2. MEDICAL HISTORY

2.1 PRESENT AND PAST COMPLAINTS

General	no	yes	
	<input type="checkbox"/>	<input type="checkbox"/>	
Infections (esp. viral) (within the last four weeks)	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhoea illness	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	
Heat illness	<input type="checkbox"/>	<input type="checkbox"/>	
Concussion	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Heart and lungs	no	at rest.....during/after exercise	
Chest pain or tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations / Arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other heart problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syncope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		yes	
	no		
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Heart murmurs	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal lipid profile	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Advised to give up sport	<input type="checkbox"/>	<input type="checkbox"/>	
Tired more quickly than team-mates	<input type="checkbox"/>	<input type="checkbox"/>	

Is the player pregnant?
 no yes since when?

Additional notes: _____

Musculoskeletal system

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

<input type="checkbox"/> no	right	left		most recent occurrence
	<input type="checkbox"/>	<input type="checkbox"/>	groin strain	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	strain of quadriceps femoris muscles	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	hamstring strain	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	knee ligament injury	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	ankle ligament	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	other (please specify below): _____	when? _____ (year)

Other: _____

Musculoskeletal surgery:

<input type="checkbox"/> no	right	left		most recent operation
	<input type="checkbox"/>	<input type="checkbox"/>	hip joint	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	groin	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	knee ligaments	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	knee meniscus or cartilage	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	Achilles tendon	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	ankle joint	when? _____ (year)
	<input type="checkbox"/>	<input type="checkbox"/>	other operations (please specify below)	when? _____ (year)

Other: _____

Current complaints, aches or pains:

no yes, please specify **body parts**

<input type="checkbox"/> head/face <input type="checkbox"/> cervical spine <input type="checkbox"/> thoracic spine <input type="checkbox"/> lumbar spine <input type="checkbox"/> sternum/ribs <input type="checkbox"/> abdomen <input type="checkbox"/> pelvis/sacrum	<input type="checkbox"/> shoulder <input type="checkbox"/> upper arm <input type="checkbox"/> elbow <input type="checkbox"/> forearm <input type="checkbox"/> wrist <input type="checkbox"/> hand <input type="checkbox"/> fingers	<table border="0"> <tr> <td style="text-align: center;">right</td> <td style="text-align: center;">left</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>hip</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>groin</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>thigh</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>knee</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>lower leg</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Achilles tendon</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ankle</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>foot, toe</td> </tr> </table>	right	left		<input type="checkbox"/>	<input type="checkbox"/>	hip	<input type="checkbox"/>	<input type="checkbox"/>	groin	<input type="checkbox"/>	<input type="checkbox"/>	thigh	<input type="checkbox"/>	<input type="checkbox"/>	knee	<input type="checkbox"/>	<input type="checkbox"/>	lower leg	<input type="checkbox"/>	<input type="checkbox"/>	Achilles tendon	<input type="checkbox"/>	<input type="checkbox"/>	ankle	<input type="checkbox"/>	<input type="checkbox"/>	foot, toe
right	left																												
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<input type="checkbox"/>	<input type="checkbox"/>	lower leg																											
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<input type="checkbox"/>	<input type="checkbox"/>	ankle																											
<input type="checkbox"/>	<input type="checkbox"/>	foot, toe																											

Current diagnosis and treatment:

<input type="checkbox"/> no	right	left				
	<input type="checkbox"/>	<input type="checkbox"/>	groin pain	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	hamstring strain	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	quadriceps strain	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	knee sprain	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	meniscus lesion	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	tendinosis of Achilles tendon	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	ankle sprain	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	concussion	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery
	<input type="checkbox"/>	<input type="checkbox"/>	lower back pain	<input type="checkbox"/> rest	<input type="checkbox"/> physiotherapy	<input type="checkbox"/> surgery

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

	no	father	mother	sibling	other
Sudden cardiac death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden infant death	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent syncope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker/defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marfan syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained car accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (arthritis etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 ROUTINE MEDICATION WITHIN LAST 12 MONTHS

Please specify: _____

Does the player use hormonal methods to suppress or delay menstruation during important competitions?

no

yes

since when?

3. GENERAL PHYSICAL EXAMINATION

Height: _____ cm/ _____ inches

Weight: _____ kg

Thyroid gland normal abnormal
 Lymph nodes/spleen normal abnormal

Lungs

Breath sounds normal abnormal

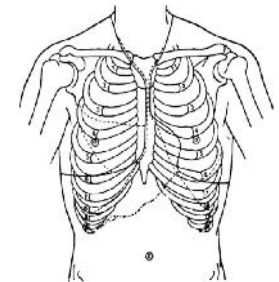
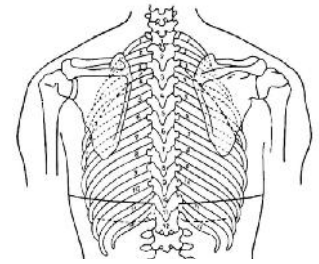
Murmurs _____

Please specify _____

Abdomen

Palpation normal abnormal

Please specify _____



Marfan criteria¹

no yes, specify according to appendix:

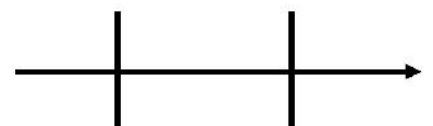
4. CARDIOVASCULAR SYSTEM

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

Punctum maximum: _____



Peripheral oedema no yes

Jugular veins
(45-degree position) normal abnormal

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

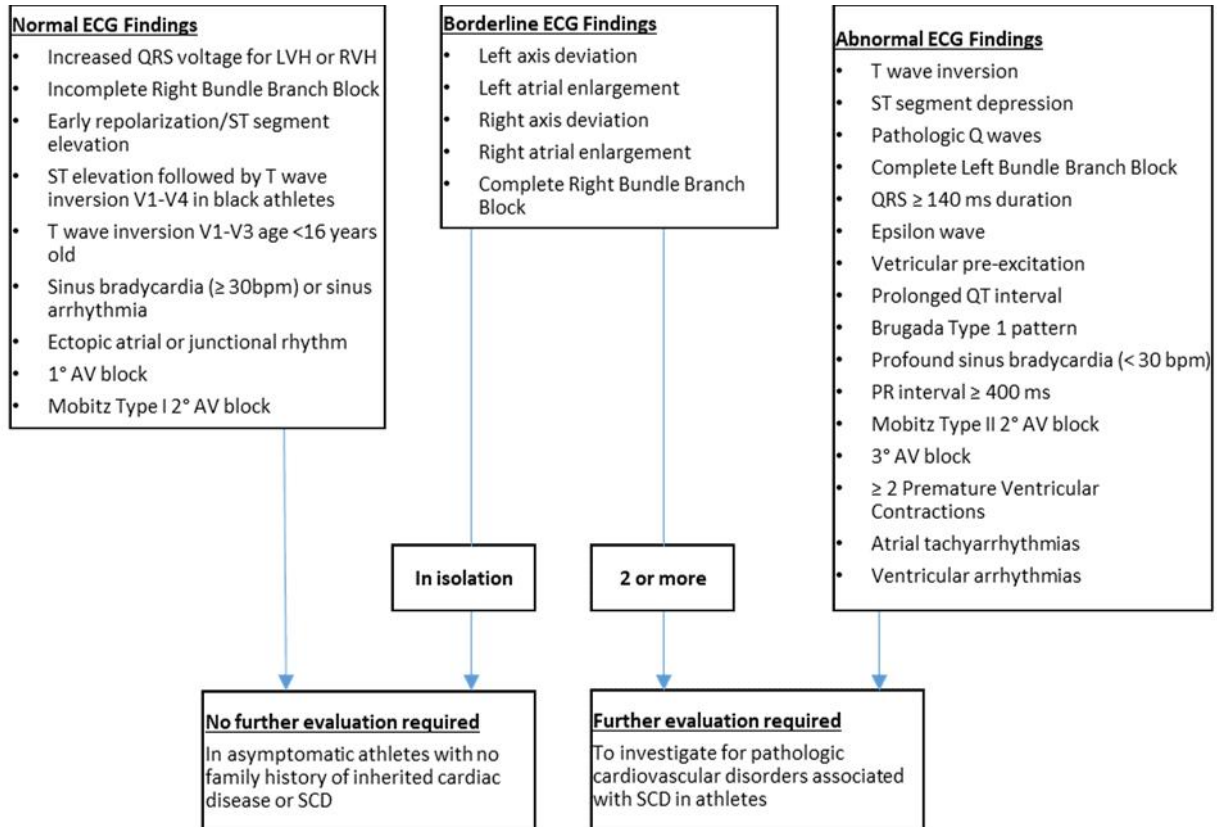
Left arm ___/___ mmHg

(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) Criteria². Consult a cardiologist in case of any doubt.



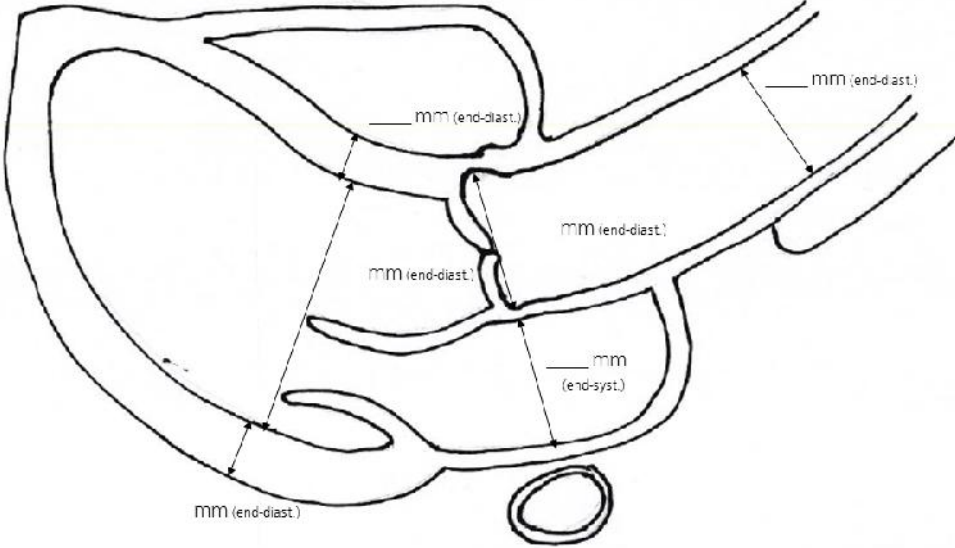
Summary assessment of ECG normal abnormal, please specify:

4.2 ECHOCARDIOGRAPHY

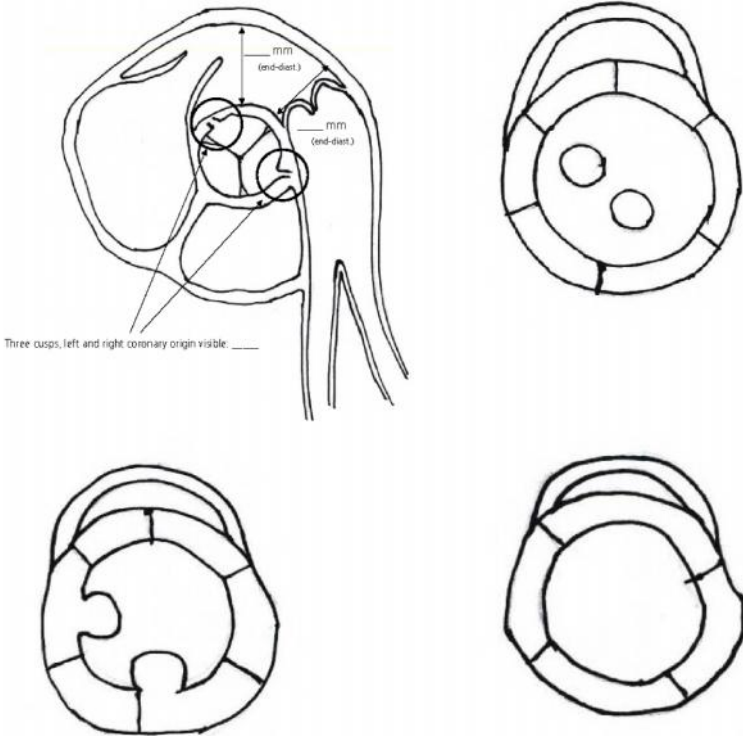
* Please record and store Echo loops for clinical and legal issues.

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”³. However, as athletes may exhibit physiologic deviations from conventional “ranges of normal”, we also refer to corresponding specific sports cardiology literature.

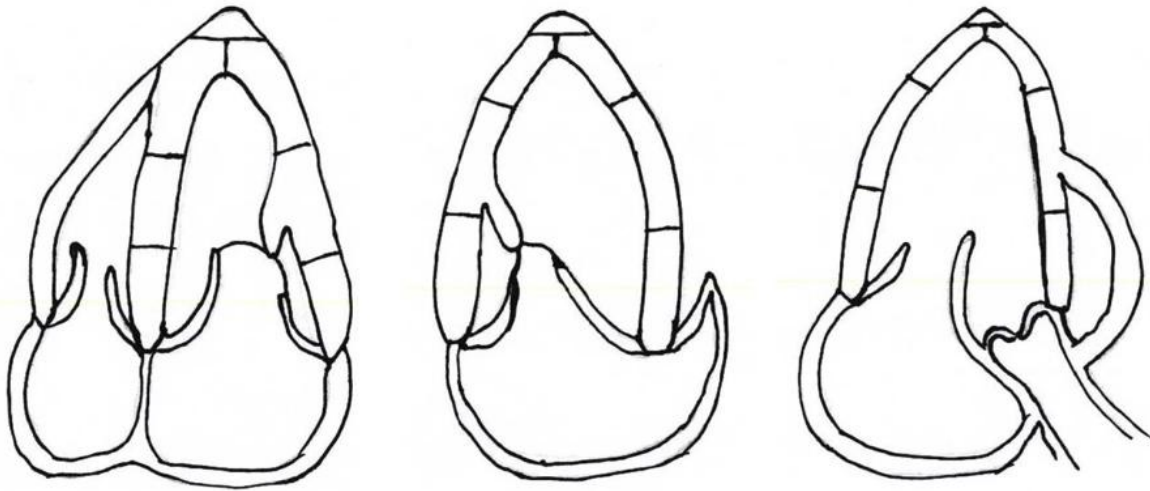
Parasternal long axis:



Parasternal short axis (incl. coronary artery origin):



Apical views:



Left ventricle:

- Dimensions: normal abnormal
 - o LVEDV: _____ml
 - o LVEDVI: _____ml

- Systolic function: normal abnormal
 - o 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 arc: 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
MCV	_____ fl
MCHC	_____ g/dL
Sodium	_____ mmol/L
Potassium	_____ mmol/L
Calcium	_____ mmol/L
Phosphorus	_____ mmol/L
Creatinine	_____ μ mol/L
Cholesterol (total)	_____ mmol/L
LDL Cholesterol	_____ mmol/L
HDL Cholesterol	_____ mmol/L
Triglycerides	_____ mmol/L
Glucose	_____ mmol/L
C-reactive Protein	_____ mg/L
Ferritin	_____ ng/mL

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	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Varus stress, in extension

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Varus stress, in 30° flexion

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Joint line tenderness

right medial	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
right lateral	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left medial	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left lateral	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

6.4 EXAMINATION OF LOWER LEG, ANKLE AND FOOT**Tenderness of Achilles tendon**

right	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	<input type="checkbox"/> no	<input type="checkbox"/> yes

Anterior drawer sign

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Dorsi-flexion

right	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Plantar flexion

right	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Total supination

right	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> increased
left	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> increased

Total pronation

right	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> increased
left	<input type="checkbox"/> normal	<input type="checkbox"/> decreased	<input type="checkbox"/> increased

Metatarsophalangeal joint

right	<input type="checkbox"/> normal	<input type="checkbox"/> pathological
left	<input type="checkbox"/> normal	<input type="checkbox"/> 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:
Drezner JA et al. Br J Sports Med 2017;1:1-28

- 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

Lang RM et al. J Am Soc Echocardiogr 2015;28:1-39