

MALTA FOOTBALL ASSOCIATION MEDICAL CLEARANCE FORM

PHYSICIAN USE ONLY

Outcome of scre	ening	Date:
		Gov.ID No:
		Comet ID No:
YES		Is the player medically fit to compete and train at high-performance level?
		Are there any medical issues that warrant further assessment?
Physician's name	:	
Official stamp:		
Signature:		
E-mail address:		
A copy of this for	m must be pr	esented to the Malta Football Association
		MEDICAL CLEARANCE FORM
		eived the Medical Clearance Form of player
MFA ID Card No	with	F.C.
Date:		MFA Reception

MALTA FOOTBALL ASSOCIATION



PLAYER MEDICAL INFORMATION

Name:	Club:			
Date of Birth:	Govt Id Card No:			
	MFA Id Card No:			
Address:				
Telephone No:	Mobile:			
Email:				
Doctor's Name:				
Consent:				
I agree to undertake this procedure in order to enable medical staff to ensure I am fit to train and compete.				
I am aware that some information may require clarification or follow-up with the treating physician and possibly, other specialists and agree to the release of relevant information to those people.				
Date:	Signature:			
Parent/Guardian sig	nature if under 18 years of age:			

Questionnaire by examining physician

PERSONAL HISTORY

- Have you ever fainted or passed out when exercising?
- Do you ever have chest tightness?
- Does running ever cause chest tightness?
- Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform in sports?
- Have you ever been treated/ hospitalized for asthma?
- Have you ever had a seizure?
- Have you ever been told that you have epilepsy?
- Have you ever been told to give up sports because of health problems?
- Have you ever been told you have high blood pressure?
- Have you ever been told you have high cholesterol?
- Do you have trouble breathing or do you cough during or after activity?
- Have you ever been dizzy during or after exercise?
- Have you ever had chest pain during or after exercise?
- Have you ever had racing of your heart or skipped heartbeats?
- Do you get tired more quickly than your friends do during exercise?
- Have you ever been told you have a heart murmur?
- Have you ever been told you have a heart arrhythmia?

YES	NO

PHYSICIAN EXAMINATION

GENERAL:

Radial and Femoral Pulses

Marfan Stigmata

CARDIAC AUSCULTATION:

Rate

Rhythm

Murmur: Systolic/Diastolic

Systolic Click

BLOOD PRESSURE:

/min
mmHg

DIAGNOSTIC TESTS

This applies only for post-pubertal children, adolescents and adults 12-lead rest ECG:

Findings

STEP 2

Selected cases with positive personal history, family history of potentially inherited cardiac disease, or positive physical or ECG findings in Step 1 require further evaluation by a cardiac specialist to qualify the athlete for sport participation.

- Do you have any other history of heart problems?
- Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?
- Have you ever been told you had rheumatic fever?
- Do you have any allergies?
- Are you taking any medications at the present time?
- Have you routinely taken any medication in the past two years?

FAMILY HISTORY

- Has anyone in your family less than 50 years old:
 - Died suddenly and unexpectedly?
 - Been treated for recurrent fainting?
 - Had unexplained seizure problems?
 - Had unexplained drowning while swimming?
 - Had unexplained car accident?
 - Had heart transplantation?
 - Had pacemaker or defibrillator implanted?
 - Been treated for irregular heart beat?
 - Had heart surgery?
- Has anyone in your family experienced sudden infant death?
- Has anyone in your family been told they have Marfan syndrome?

YES	NO

YES	NO