

MALTA FOOTBALL ASSOCIATION MEDICAL CLEARANCE FORM

POST COVID-19 INFECTION

PHYSICIAN USE ONLY

Outcome of scree	ening	
	J	Date:
		Player:
		Club:
		Gov.ID No:
		MFA ID No:
YES	NO	Is the player medically fit to compete and train at high-performance level (valid until end of 20/21 season)?
		Are there any medical issues that warrant further assessment (If yes please attach any additional notes)?
Physician's name:		
Official stamp:		
Signature:		
E-mail address:		
		esented to the Malta Football Association
		MEDICAL CLEARANCE FORM
do hereby certify that	I have today rec	eived the Medical Clearance Form of player
IFA ID Card No	with	F.C.



MALTA FOOTBALL ASSOCIATION PLAYER MEDICAL INFORMATION

Name:	Club:				
Date of Birth:	Govt Id Card No:				
	MFA Id Card No:				
Address:					
Address:					
Telephone No:	Mobile:				
rerepriorie ivo.					
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 signature if under 18 years of age:					

STEP 1

Questionnaire by examining physician

PERSONAL HISTORY

		YES	NO
•	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?		
•	Do you have I 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?		

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 	eart problems?	of heart	story c	other	have any	Do you	•
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- 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 f	amily less tha	an 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

COVID-19 Targeted Questioning (For Confirmed Positive Players)

		YES	NO
•	Were you hospitalised with COVID-19?		
Did you have symptoms?			
•	If yes, please specify: Fatigue Cough Chest Pain Palpitations Shortness of Breath Other, specify:		
•	What was the duration of your illness? days		

days

<u>Athletes with a positive history</u> should be referred to the relevant specialist for further evaluation before being allowed to return to play.

<u>Athletes with a negative history</u> may be passed fit to play based on the outcome of the standard medical evaluation form.

Athletes with a strong suspicion of previous (even asymptomatic) but not proven infection should be investigated with swab testing before a decision is taken on further evaluation. In the event of any doubt it is strongly recommended that further evaluation is undertaken.

PHYSICIAN EXAMINATION

GENERAL:			
	Findings		
Radial and Femoral Pulses			
Marfan Stigmata			
CARDIAC AUSCULTATION:			
Rate	/min		
Rhythm			
Murmur: Systolic/Diastolic			
Systolic Click			
BLOOD PRESSURE:	mmHg		
DIAGNOSTIC TESTS			
All players who have had a positive COVID-19 test mus recommended that they also have an echocardiogram. a strong suspicion of a previous infection with COVID-1 respiratory symptoms. All other players require a m	These investigations are also indicated if there is 9. Spirometry may be indicated in the event of		