

MALTA FOOTBALL ASSOCIATION MEDICAL CLEARANCE FORM

PHYSICIAN USE ONLY

Outcome of scre	ening	
	8	Date:
		Player:
		Club:
		Gov.ID No:
		Comet ID No:
YES	NO	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 p	presented to the Malta Football Association
		MEDICAL CLEARANCE FORM
do hereby certify tha	t I have today r	eceived 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 u	ndertake this procedure in order to enable medical staff to ensure I am fit to train and compete.
	that some information may require clarification or follow-up with the treating physician and her specialists and agree to the release of relevant information to those people.
Date:	Signature:
Parent/Guardian si	gnature if under 18 years of age:

STEP 1

Questionnaire by examining physician

PERSONAL HISTORY

Have you ever fair	nted or passed out when exercising?	
Do you ever have	chest tightness?	
Does running ever	r cause chest tightness?	
-	d chest tightness, cough, wheezing which or you to perform in sports?	
Have you ever been added to the second terms of the second te	en treated/ hospitalized for asthma?	
Have you ever had	d a seizure?	
Have you ever been added to the second terms of the second te	en told that you have epilepsy?	
 Have you ever been problems? 	en told to give up sports because of health	
Have you ever been addressed to the second sec	en told you have high blood pressure?	
Have you ever been addressed to the second sec	en told you have high cholesterol?	
 Do you have trouk activity? 	ole breathing or do you cough during or after	
Have you ever been also as a second contract to the second cont	en dizzy during or after exercise?	
Have you ever had	d chest pain during or after exercise?	
Have you ever had	d racing of your heart or skipped heartbeats?	
Do you get tired n	nore quickly than your friends do during exercise?	
Have you ever been added to the second terms of the second te	en told you have a heart murmur?	
Have you ever been added to the second	en told you have a heart arrhythmia?	

PHYSICIAN EXAMINATION

CENEDAL.			
GENERAL:	Findings		
Radial and Femoral Pulses			
Marfan Stigmata			
CARDIAC AUSCULTATION:			
Rate	/min		
Rhythm			
Murmur: Systolic/Diastolic			
Systolic Click			
BLOOD PRESSURE:	mmHg		
DIAGNOSTIC TESTS This applies only for post-pubertal children, adolescents	and adults 12-lead rest ECG:		

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.

YES

NO

•	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? 	
(for example myocarditis of 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:	YES	NO
	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?		
		1	

• Has anyone in your family been told they have Marfan syndrome?