



MALTA FOOTBALL ASSOCIATION

MEDICAL CLEARANCE FORM

POST COVID-19 INFECTION

PHYSICIAN USE ONLY

Outcome of screening

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 (If yes, please attach any additional notes)?

Physician's name:

Official stamp:

Signature:

E-mail address:

An original copy of this form must be kept by the club. A copy of this form along with a copy of the ECG must be uploaded on COMET.

MEDICAL CLEARANCE FORM

Once the player would have undergone the medical test as specified by the Association, the club shall have the duty to file with the Association the Medical Clearance Form, duly signed by a medical doctor. The medical test will remain valid for a period of twelve (12) months, for players aged seventeen (17) upwards, and twenty-four (24) months, for players aged between twelve (12) and sixteen (16), starting on that date when the medical test is carried out.



MALTA FOOTBALL ASSOCIATION

PLAYER MEDICAL INFORMATION

Name:

Club:

Date of Birth:

Govt Id Card No:

COMET 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 signature if under 18 years of age:

STEP 1

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?
- 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?

[illegible]

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?

[illegible]

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 heartbeat?
 - Had heart surgery?
- Has anyone in your family experienced sudden infant death?
- Has anyone in your family been told they have Marfan syndrome?

[illegible]

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

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

Athletes with a negative history 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:

Radial and Femoral Pulses

Marfan Stigmata

Findings

CARDIAC AUSCULTATION:

Rate

Rhythm

Murmur: Systolic/Diastolic

Systolic Click

/min
mmHg

BLOOD PRESSURE:

DIAGNOSTIC TESTS

All players who have had a **positive** COVID-19 test must have an ECG on return to play and it is recommended that they also have an echocardiogram. These investigations are also indicated if there is a strong suspicion of a previous infection with COVID-19. Spirometry may be indicated in the event of respiratory symptoms. All other players require a minimum of an annual ECG.