Appendix 4 – Template Medical Examinations and Tests

The following tables A) to G) explain those required examinations and tests that are required to be performed either on a mandatory or optional basis, and within the specifically stated timeframe (e.g. annually):

<table>
<thead>
<tr>
<th>A)  Personal football history</th>
</tr>
</thead>
<tbody>
<tr>
<td>The personal football history represents the football-specific basis for</td>
</tr>
<tr>
<td>the medical examination. It should be documented and kept up-to-date</td>
</tr>
<tr>
<td>throughout the player’s career.</td>
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<tr>
<td>UEFA recommends these recordings as best practice following several</td>
</tr>
<tr>
<td>football-specific medical research studies that would assist medical</td>
</tr>
<tr>
<td>doctors with their internal medical audit.</td>
</tr>
</tbody>
</table>

1. **Total Number of Matches Played in Previous Season** (incl. friendly matches) | recommended annually
2. Dominant Leg
3. Position on the Field
This general part ‘Medical history and heredity’ is the starting point for the player’s medical record. It is essential that the outcome of these checks is kept up-to-date throughout the player’s career.

<table>
<thead>
<tr>
<th>Medical history and heredity of the player</th>
</tr>
</thead>
<tbody>
<tr>
<td>This general part ‘Medical history and heredity’ is the starting point for the player’s medical record. It is essential that the outcome of these checks is kept up-to-date throughout the player’s career.</td>
</tr>
</tbody>
</table>

1. **Family History**  
   (1st generation, i.e. parents, brothers and sisters)  
   - Hypertension, stroke;  
   - Heart conditions incl. sudden cardiac death;  
   - Vascular problems, varicose, deep venous thrombosis;  
   - Diabetes;  
   - Allergies, asthma;  
   - Cancer, blood disease;  
   - Chronic joint or muscle problems;  
   - Hormonal problems.  

   **mandatory, to be updated annually**

2. **Medical History of the Player**  
   - Heart problems, arrhythmias, syncope;  
   - Concussion;  
   - Allergies, asthma;  
   - Recurrent infections;  
   - Major diseases;  
   - Major injuries causing surgery, hospitalisation, absence from football of more than 1 month.  

   **mandatory, to be updated annually**
### 3. Present Complaints

| a) Symptoms such as pain in general (muscle, articulation); |
| b) Chest pain, dyspnoea, palpitation, arrhythmia; |
| c) Dizziness, syncope; |
| d) Flu-like symptoms, cough, expectoration; |
| e) Loss of appetite, weight loss; |
| f) Sleeplessness; |
| g) Gastrointestinal upset. |

**mandatory annually**

### 4. Medication / Supplements

| a) Current specific medication being taken by the player; |
| b) Evidence that a TUE (Therapeutic Use Exemption) has been granted (if required); |
| c) Nutritional supplements being taken by the player; |
| d) Player educated about Anti-Doping Codes. |

**mandatory annually**

### 5. Vaccination

| Record of status of vaccination (incl. date); |
| Strongly recommended: |
| Vaccination against Tetanus and Hepatitis A and B |

**mandatory, to be updated annually**
### General Medical Examination

This is the 2\textsuperscript{nd} part of the doctor’s routine physical examination.

| 1. Height | mandatory annually |
| 2. Weight | |
| 3. Blood Pressure  
(to ensure validity of continuous testing, it is recommended to always use the same arm and to specify it in the player’s medical records) | |
| 4. Head and Neck  
(eyes with vision test, nose, ears, teeth, throat, thyroid gland) | |
| 5. Lymph Nodes | |
| 6. Chest and Lungs  
(inspection, auscultation, percussion, inspiratory and expiratory chest expansion) | |
| 7. Heart  
(sounds, murmurs, pulse, arrhythmias) | |
| 8. Abdomen  
(incl. hernia, scars) | |
| 9. Blood Vessels  
(e.g. peripheral pulses, vascular murmurs, varicoses) | |
| 10. Skin Inspection | |
| 11. Nervous System  
(e.g. reflexes, sensory abnormalities) | |
| 12. Motor System  
(e.g. weakness, atrophy) | |
### D) Special Cardiological Examination

As a principle, a standard 12-lead electrocardiogram (ECG) and an echocardiography must be performed at the earliest opportunity during the career of a player and in particular if indicated by clinical examination. If indicated by anamnestic and clinical indication it is recommended to perform repeated testing including an Exercise-ECG and an echocardiography.

For the purpose of club licensing, it is mandatory to perform one standard 12-lead ECG and one echocardiography

I) to all players who belong to the first squad at the latest before their 21\textsuperscript{st} birthday; and

II) to all players who are older than 21 years and belong to the first squad if they have not yet an ECG and echocardiography in their personal medical records.

The result of the performed examinations must be contained in the player's medical records.

<table>
<thead>
<tr>
<th>1. Electrocardiogram (12-leads ECG)</th>
<th>mandatory according to I) and II) above</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Echocardiography</td>
<td></td>
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</tbody>
</table>
E) Laboratory Examination

Clubs involved in UEFA competitions will normally have a multinational squad. Therefore mandatory and strongly recommended tests are detailed below as a means of conducting a comprehensive laboratory screening. This list is by no means complete. All laboratory tests must be conducted with the informed consent of the player and be in accordance with national legislation (cf. confidentiality, discrimination issues etc.).

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>1. Blood Count (haemoglobin, haematocrit, erythrocytes, leukocytes, thrombocytes)</td>
<td>Mandatory annually</td>
</tr>
<tr>
<td>2. Urine Test ('dipstick test' to determine level of protein and sugar)</td>
<td></td>
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<tr>
<td>3. Sedimentation Rate</td>
<td>Recommended</td>
</tr>
<tr>
<td>4. CRP</td>
<td></td>
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<tr>
<td>5. Blood Fats (cholesterol, HDL- and LDL cholesterol, triglycerides)</td>
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<tr>
<td>6. Glucose</td>
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<td>7. Uric Acid</td>
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<td>8. Creatinine</td>
<td></td>
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<td>9. Aspartate Amino-transferase</td>
<td></td>
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<tr>
<td>10. Alanine Amino-transferase</td>
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<tr>
<td>11. Gamma-glutamyl-transferase</td>
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<td>12. Creatine Kinase</td>
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<td>13. Potassium</td>
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<td>14. Sodium</td>
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<td>15. Magnesium</td>
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<td>16. Iron</td>
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<td>17. Ferritin</td>
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<td>18. Blood Group</td>
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<td>19. HIV Test</td>
<td></td>
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<tr>
<td>20. Hepatitis Screening</td>
<td>Recommended</td>
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</tbody>
</table>
F) Orthopaedic examination and functional tests

The mandatory checks are common in a sports medical examination. Points 7 to 9 are recommended to assist club doctors with preventive strategies and tests in the rehabilitation of injured players. In addition, the club doctors are advised to consider the exclusion of the condition of spondylolysis and spondylolisthesis.

References to further assistance in respect of functional tests:


<table>
<thead>
<tr>
<th>1. Spinal Column: Inspection and Functional Examination (tenderness, pain, range of movement)</th>
<th>mandatory annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Shoulder: Pain, Mobility and Stability</td>
<td></td>
</tr>
<tr>
<td>3. Hip, Groin and Thigh: Pain and Mobility</td>
<td></td>
</tr>
<tr>
<td>4. Knee: Pain, Mobility, Stability and Effusion</td>
<td></td>
</tr>
</tbody>
</table>
5. **Lower Leg: Pain**  
   (shin splint syndrome, achilles tendon)  

6. **Ankle and Foot: Pain, Mobility, Stability and Effusion**

7. **Range of Motion (ROM) and Test for Muscle Tightness**
   - a) Adductors
   - b) Hamstrings
   - c) Iliopsoas
   - d) Quadriceps
   - e) Gastrocnemius
   - f) Soleus

   **recommended**

8. **Muscle Strength**  
   (one leg hop test)

9. **Muscle Balance Test**  
   (SOLEC-test: standing one leg eyes closed)
G) Radiological Examination and Ultrasound Scan

If indicated by clinical and functional findings out of the medical examination performed, a radiological examination including ultrasound scan, X-ray and MRI may be appropriate.

Performed radiographies, particularly after injuries, must be part of the player’s medical records.