

GHANA FOOTBALL ASSOCIATION (GFA)



GFA MEDICAL REGULATIONS

Dated: July 1, 2025

GFA MEDICAL REGULATIONS

PREAMBLE

In the exercise of the powers conferred on the Executive Council of the Ghana Football Association (GFA) by the Statutes of the GFA, these Regulations for the control, management, and organisation of the medical protocols and procedures to safeguard the health, safety, and welfare of our leagues and clubs, are hereby made.

ARTICLE 1: INTRODUCTION

1.1 Purpose

These Medical Regulations establish standardized medical protocols and procedures to safeguard the health, safety, and welfare of all stakeholders involved in competitive football under the jurisdiction of the Ghana Football Association, including, but not limited to, football clubs, players, referees, match officials, team staff, and spectators participating in the leagues - Ghana Premier League (GPL), Division One League (DOL), Women's Premier League (WPL), Beach Soccer League, Futsal League, and the Regional Leagues.

1.2 Scope and Alignment

These Regulations align with international standards as prescribed by FIFA and CAF and are informed by the Statutes and Regulations of the GFA, and relevant national health and occupational safety laws.

1.3 Non-Derogation Clause

Nothing in these Regulations shall:

- 1.3.1 Replace, reduce, or otherwise affect the legal obligations of clubs, officials under applicable occupational, public health, or medical laws of Ghana.
- 1.3.2 Restrict any club from providing medical services that exceed the minimum standards set forth in these Regulations during training sessions, friendly matches, or any other competitions sanctioned by the Ghana Football Association, or
- 1.3.3 Limit or undermine a club's responsibilities in other essential aspects of player health and well-being, including but not limited to mental health, nutrition, injury surveillance, injury prevention, injury management, and performance optimization

ARTICLE 2: DEFINITIONS

Term	Definition
Team Doctor / Club Sports Physician	A medical practitioner registered with the MDC of Ghana, either: (a) a Sports Physician with a fellowship (FGCP) or enrolled in the Sports, Exercise, and Rehabilitation Medicine program at GCPS (or equivalent recognized by MDC), or (b) In the absence of a sports physician a general practitioner with a postgraduate certificate in sports medicine such as Postgraduate Diploma, MSc, IOC Diploma or equivalent credential or with demonstrable experience as a team doctor in a professional/semi-professional setting.

Physiotherapist	A licensed physiotherapist in good standing with the Allied Health Professions Council (AHPC). May operate under or in coordination with the Team Doctor.
Sports Therapist	Must hold a BSc in Sports Therapy and be registered with the AHPC.
Qualified First Aider	Must hold a valid Emergency First Aid certificate and training in BLS and pitch-side trauma care.
Venue Medical Officer (VMO)	A designated medical officer at match venues responsible for medical protocol oversight, emergency preparedness, and EMS coordination.
Emergency Medical Services (EMS)	Trained personnel providing immediate care and transport, including paramedics and EMTs. Must be present at all official matches.
Concussion	A mild traumatic brain injury requiring immediate evaluation and graded Return-to-Play (RTP) protocol in line with FIFA/CAF guidelines.
Sudden Cardiac Arrest (SCA)	A life-threatening emergency requiring CPR and AED intervention. AEDs and trained responders are mandatory at all venues.
Emergency Action Plan (EAP)	A venue-specific protocol outlining emergency medical response procedures and responsibilities. Must be reviewed regularly.

ARTICLE 3: LICENSING AND ACCREDITATION

3.1 Medical Personnel

- (i) All team doctors must be fully licensed and in good standing with the MDC of Ghana.
- (ii) Physiotherapists, sports therapists, and paramedics must be duly registered with the AHPC.
- (iii) All personnel must hold valid BLS certification annually. ALS certification is highly recommended.

3.2 Medical Facilities

3.2.1 All home clubs or teams ensure that their stadium maintains an accessible and adequately equipped medical room, containing:

- Examination couch/treatment table
- Essential medical supplies
- Adequate lighting and privacy

3.2.2 Match venues must include:

- A functional ambulance throughout match duration (including warm-up and cool-down)
- A working AED
- Trauma equipment for emergency stabilization

3.3 Application and Renewal of Accreditation

3.3.1 All medical personnel (permanent, temporary, or volunteer) must be registered with the GFA annually, supported by valid credentials and regulatory body registration.

3.3.2 The GFA Medical Committee shall be responsible for coordinating and implementing regular continuing professional development (CPD) programs for all registered club medical personnel. These training sessions shall be conducted at least once annually and shall include but not be limited to the following focus areas:

- Sports Cardiology and Emergency Response
- Concussion Recognition and Management
- Anti-Doping Education and Protocols
- Sports Nutrition and Hydration Strategies
- Mental Health and Wellbeing of Athletes (in line with guidance from the IOC Mental Health Working Group)

3.3.3 Club medical rooms and emergency setups shall be inspected and approved pre-season, in accordance with GFA Club Licensing Regulations.

ARTICLE 4: STANDARDS OF PRACTICE

4.1 Pre-Competition Medical Assessment (PCMA) – Players and Referees

Required annually for all **players and referees** prior to registration and participation.

Conducted by the Club's Team Doctor or GFA-approved practitioner.

Components:

- Cardiovascular: ECG (mandatory), follow-up ECHO as indicated
- Musculoskeletal: Clinical assessment of joints, muscles, and function
- Lab Tests: FBC, Glucose, Hb Electrophoresis, Lipids, ESR, Urinalysis
- Mental Health: Screening encouraged using validated tools

4.2 Women's Health in the Women's Premier League (WPL)

4.2.1 All Women's Premier League (WPL) clubs shall ensure adherence to medical protocols specific to the health and safety of female players.

4.2.2 In accordance with the FIFPRO Postpartum Return-to-Play Protocol, clubs shall provide the following for pregnant and postpartum players:

- Access to appropriate medical leave.
- Financial protection throughout the period of pregnancy and postpartum recovery.
- A medically supervised and individually tailored return-to-play plan.

4.2.3 All WPL players shall undergo an annual clinical screening for Relative Energy Deficiency in Sport (RED-S), using the most recent version of the IOC REDs Clinical Assessment Tool (IOC REDs CAT2).

- Where screening indicates high risk or presence of RED-S, referral for further assessment, management, and multidisciplinary care shall be mandatory.

4.2.4 Each WPL club shall implement a structured injury prevention program with specific focus on injuries with higher incidence and severity in female athletes, including but not limited to anterior cruciate ligament (ACL) injuries and bone stress injuries.

4.3 Pre-Match Medical Briefing

Mandatory for at least one medical staff from each club.

Led by the Venue Medical Officer.

Covers:

- EAP review
- Ambulance and EMS location
- Emergency contact protocols
- Chain of command
- Access routes to the medical room
- Venue-specific hazards

4.4 Match-Day Medical Coverage

4.4.1 Each team is required to have a minimum of two medical personnel present on match day. This should include a medical doctor and/or a physiotherapist or sports therapist

4.4.2 An ambulance staffed by two EMS personnel must be stationed on-site, with clear access and evacuation routes before, during and after the match

4.4.3 Medical equipment must include AEDs and trauma kits.

4.4.4 A rehearsed, venue-specific EAP must be available.

4.4.5 Match officials must verify the presence of all required provisions. No match shall proceed without them.

4.5.1 Injury/Illness Management and Return-To-Play Protocols

Standard protocols must be followed for:

- Sports Concussion Assessment Tool-6
- FIFA Medical Concussion Protocol
- FIFPRO Post partum return to play protocol
- 2020 European Society of Cardiology Guidelines on: Sports Cardiology and Exercise in patients with cardiovascular disease
- The International Olympic Committee Mental Health in Elite Athletes Toolkit

4.5.2 Each club shall be responsible for implementing education for all registered players in the following key areas relevant to injury and illness management:

- Evidence-based injury prevention strategies.
- Nutrition and hydration practices are specific to athletic performance and recovery.
- The importance of adequate rest and recovery periods.
- Mental health awareness and access to appropriate support.
- Anti-doping regulations, including prohibited substances and therapeutic use exemptions (TUEs).

4.5.3 The GFA Medical Committee shall, in collaboration with the Ghana College of Physicians and Surgeons—specifically through the Faculty of Sports, Exercise and Rehabilitation Medicine—support clubs in delivering structured and periodic educational sessions for players on the topics outlined in 4.5.2

4.6 Ethical Conduct and Confidentiality

PCMA results must be confidentially maintained.

Fitness summaries to be submitted annually to the GFA Medical Committee.

Full records may be requested under strict confidentiality protocols.

ARTICLE 5: MONITORING AND COMPLIANCE

5.1 Inspections

The GFA Medical Committee shall conduct both scheduled and unannounced inspections of match venues and medical facilities.

5.2 Medical Reporting

All injuries and medical interventions must be documented by the Venue Medical Officer using the GFA Medical Incident Form and submitted within 48 hours to the GFA Medical Committee.

5.3 Non-Compliance and Sanctions

Failure to comply with these Regulations—including PCMA, match-day standards, and ethical provisions—constitutes a breach and may result in disciplinary action. Sanctions shall be enforced in accordance with the GFA Disciplinary Code.

5.4 Indemnity and Liability of Medical Personnel and Emergency Services

Each club shall ensure appropriate indemnity insurance coverage for all medical personnel and emergency service providers involved in GFA competitions. The GFA shall not be held liable for failures resulting from negligence or non-compliance by clubs or their agents.

ARTICLE 6: AMENDMENTS AND REVIEW

6.1 Annual Review

These Regulations shall be reviewed annually by the GFA Medical Committee with input from stakeholders (clubs, players' union, health authorities).

6.2 Emergency Amendments

The GFA Executive Council may issue urgent updates in response to public health emergencies or revised FIFA/CAF guidelines.

ARTICLE 7: IMPLEMENTATION

These Regulations shall take effect from the start of the 2025/2026 league season, with a three-month grace period to ensure compliance for the Ghana Premier League (GPL), and six-month grace period for the Division One and Women Premier Leagues.

ARTICLE 7: ENFORCEMENT

7.1 The GFA Judicial Bodies have the jurisdiction to enforce any violation of these regulations.

Corrective measures for failure to comply with the provisions of the regulations and/or the GFA Rules shall include:

- a) The Sanctions common to natural and legal persons:
 - i) warning;
 - ii) reprimand;
 - iii) Fine;

- b) Sanctions applicable to natural persons:
 - i) caution;
 - ii) expulsion;
 - iii) match suspension;
 - iv) ban from dressing rooms and/or substitutes' bench;
 - v) ban from entering a stadium;
 - vi) ban on taking part in any football-related activity.

7.2 From time to time, GFA may issue circulars to clarify or even amend any content of these Regulations, and the circular content shall supersede the content of these rules. Clarifications of the existing rules may be communicated before, during or after any incident and they may be used for the particular incident while amendments will only come into force after they are issued.

7.3 The GFA Executive Committee shall make the final decision on any matters not provided for in these regulations.

ARTICLE 8: ADOPTION

These Regulations were passed and adopted into enforce by the GFA Executive Committee on July 1, 2025 and shall remain into force until a new regulations or amendments are passed by the GFA Executive Committee.

Accra, July 1, 2025
For the GFA Executive Council



KURT EDWIN SIMEON-OKRAKU
(PRESIDENT)



PROSPER HARRISON ADDO, ESQ.
(GENERAL SECRETARY)

APPENDICES

- Appendix 1 - Abbreviations
- : Appendix 2 - CAF Pre-Competition Medical Assessment Form (PCMA)
- Appendix 3: Emergency Action Plan Template
- Appendix 4 : Match-Day Medical Report Form

APPENDIX 1

Abbreviation	Definition
AED	Automated External Defibrillator
ALS	Advanced Life Support
BLS	Basic Life Support
CAT2	Clinical Assessment Tool version 2 (IOC RED-S CAT2)
CPD	Continuing Professional Development
DoL	Division One League
ECG	12-lead Electrocardiogram used in cardiac screening to detect risk factors for sudden cardiac events.
ECHO	Echocardiogram
ESR	Erythrocyte Sedimentation Rate
FBC	Full Blood Count
FGCP	Fellow of the Ghana College of Physicians
FIFPRO	Fédération Internationale des Associations de Footballeurs Professionnels (International Federation of Professional Footballers)
GFA	Ghana Football Association
GCPS	Ghana College of Physicians and Surgeons
GPL	Ghana Premier League
Hb	Hemoglobin
IOC	International Olympic Committee
MDC	Medical and Dental Council (of Ghana)
PCMA	Pre-Competition Medical Assessment
RED-S	The syndrome of RED-S refers to impaired physiological function including, but not limited to, metabolic rate, menstrual function, bone health, immunity, protein synthesis, cardiovascular health caused by relative energy deficiency.
TUE	Therapeutic Use Exemption
WPL	Women's Premier League



CAF PRE-COMPETITION MEDICAL ASSESSMENT + (PCMA+ COVID-19)

PLAYER:

SURNAME:

FIRST NAME:

GENDER:

DATE OF BIRTH:

(DAY / MONTH / YEAR)

NATIONAL

TEAM:

CLUB:

COUNTRY OF CLUB:

1. COMPETITION HISTORY

Position

☐ goalkeeper
☐ midfielder

☐ defender
☐ striker

Dominant leg

☐ left

☐ right

☐ both

Number of matches played in the last 12 months

2. MEDICAL HISTORY

2.1 PRESENT AND PAST HISTORY

General	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>
Infections (esp. viral) (within the last four weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea illness	<input type="checkbox"/>	<input type="checkbox"/>
Heat illness	<input type="checkbox"/>	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Heart and lungs	no	at rest.....during/after exercise
Chest pain or tightness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Syncope	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>

Additional notes: -

Additional Specific COVID-19 Personal History and Symptoms

Have you been tested for covid-19 before (PCR only)

Yes ☐ No ☐

If Yes

Have ever had a CT chest suggestive of Covid-19 (please specify date)

Yes ☐ No ☐

Fever within the past four days

Yes ☐ No ☐

Dry cough

Yes ☐ No ☐

Tiredness

Yes ☐ No ☐

Aches and pains

Yes ☐ No ☐

Sore throat

Yes ☐ No ☐

Diarrhea

Yes ☐ No ☐

Loss of taste or smell

Yes ☐ No ☐

Difficulty breathing or shortness of breath

Yes ☐ No ☐

Musculoskeletal system

Severe injury leading to more than four weeks of limited participation or absence from play/training:

	right	left		most recent occurrence
<input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	groin strain	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	strain of quadriceps femoris muscles	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	hamstring strain	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	knee ligament injury	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	ankle ligament	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	other (please specify below): _____	when? _____(year)

Other: _____

Musculoskeletal surgery:

	right	left		most recent operation
<input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	hip joint	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	groin	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	knee ligaments	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	knee meniscus or cartilage	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	Achilles tendon	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	ankle joint	when? _____(year)
	<input type="checkbox"/>	<input type="checkbox"/>	other operations (please specify below)	when? _____(year)

Other: _____

Current complaints, aches, or pains:

☐ no ☐ yes, please specify **body parts**

☐ head/face
☐ cervical spine
☐ thoracic spine
☐ lumbar spine
☐ sternum/ribs
☐ abdomen
☐ pelvis/sacrum

☐ shoulder
☐ upper arm
☐ elbow
☐ forearm
☐ wrist
☐ hand
☐ fingers

right left

☐ ☐ hip
☐ ☐ groin
☐ ☐ thigh
☐ ☐ knee
☐ ☐ lower leg
☐ ☐ Achilles tendon
☐ ☐ ankle
☐ ☐ foot, toe

Current diagnosis and treatment:

right left
☐ no ☐ ☐ groin pain
☐ ☐ hamstring strain
☐ ☐ quadriceps strain
☐ ☐ knee sprain
☐ ☐ meniscus lesion
☐ ☐ tendinosis of Achilles tendon
☐ ☐ ankle sprain
☐ ☐ concussion
☐ ☐ lower back pain

☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery
☐ rest ☐ physiotherapy ☐ surgery

2.2 FAMILY HISTORY (MALE RELATIVES < 55 YEARS OLD, FEMALE RELATIVES < 65 YEARS OLD)

	no	father	mother	sibling	other
Sudden cardiac death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden infant death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent syncope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker/defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marfan syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained car accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (arthritis etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 ROUTINE MEDICATION WITHIN LAST 12 MONTHS

Please specify: _____

3. GENERAL PHYSICAL EXAMINATION

Height: _____cm/_____inches

Weight: _____kg/

Thyroid gland
Lymph nodes/spleen

☐ normal
☐ normal

☐ abnormal
☐ abnormal

Lungs

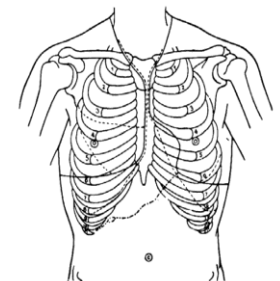
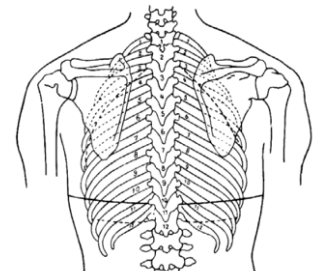
Breath sounds

☐ normal

☐ abnormal

Murmurs

Please specify



Abdomen

Palpation

☐ normal

☐ abnormal

Please specify

Marfan criteria¹

☐ no

☐ yes, specify according to appendix:

4. CARDIOVASCULAR SYSTEM

Rhythm

☐ normal

☐ arrhythmic

Heart sounds

☐ normal

☐ abnormal, please specify:

☐ split

☐ paradoxically split

☐ 3rd heart sound

☐ 4th heart sound

Heart murmurs

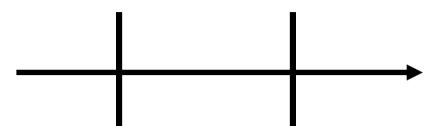
☐ no

☐ yes, please specify:

☐ systolic – intensity ____/6

☐ diastolic – intensity ____/6

Punctum maximum: _____



☐ clicks
☐ changes during Valsalva

Peripheral oedema ☐ no ☐ yes

Jugular veins
(45-degree position) ☐ normal ☐ abnormal

Hepatojugular reflux ☐ no ☐ yes

Circulation/blood vessels

Peripheral pulses ☐ palpable ☐ not palpable
(i.e. radial, femoral arteries)

Vascular bruits ☐ no ☐ yes, please specify: _____
(i.e. carotid artery)

Varicose veins ☐ no ☐ yes

Heart rate after five minutes' rest

_____/min

Blood pressure in supine position after five minutes' rest

Right arm ____/____mmHg

Left arm ____/____mmHg

(Ankle ____mmHg (only in case of clinical suspicion)

4.1 12-LEAD RESTING ECG* IN SUPINE POSITION AFTER FIVE MINUTES'

REST

* Please record and store ECG for clinical and legal issues.

Please perform and assess the 12-lead ECG according to the current International (Seattle) Criteria². Consult a cardiologist in case of any doubt.

Required parameters are missing or incorrect.

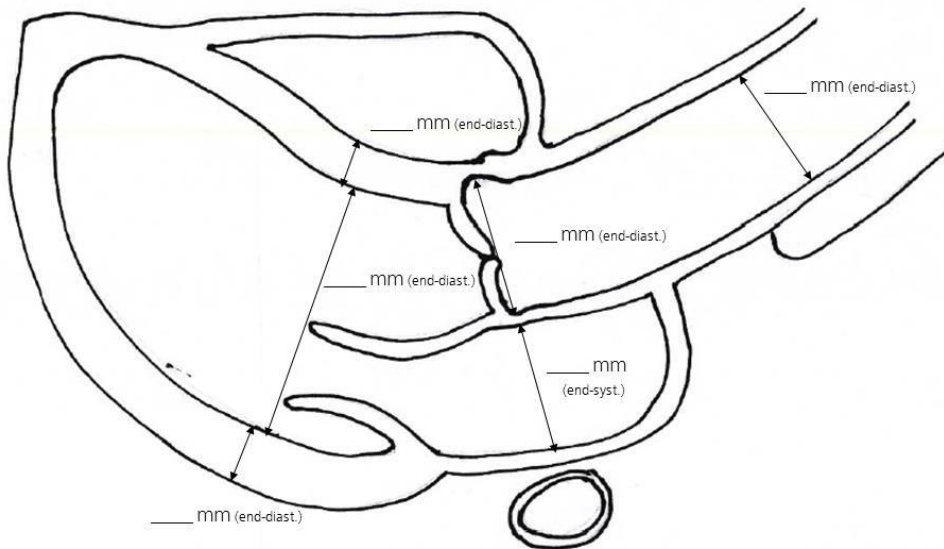
Summary assessment of ECG ☐ normal ☐ abnormal, please specify:

4.2 ECHOCARDIOGRAPHY

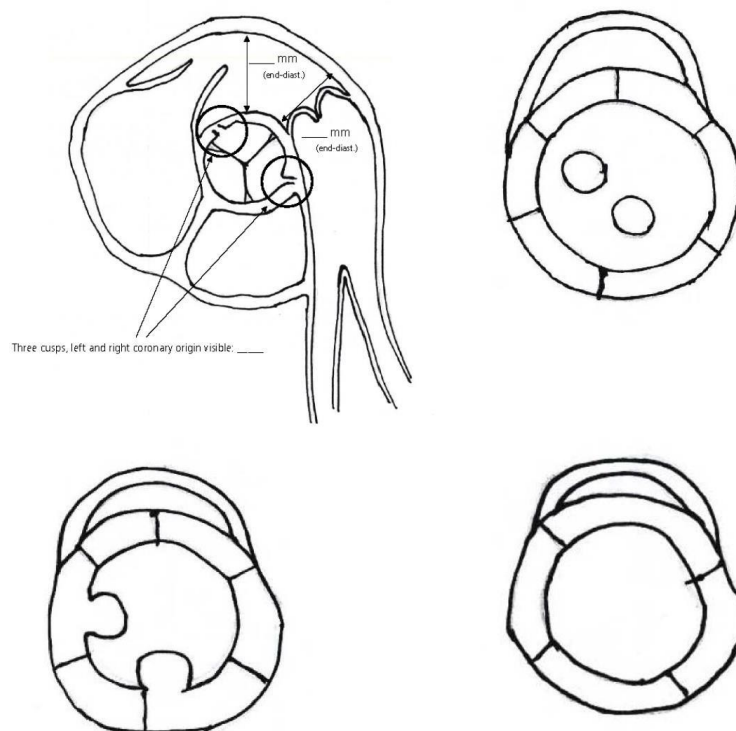
* Please record and store Echo loops for clinical and legal issues.

The echocardiography should be performed by a designated physician and expert in echocardiography with experience in the assessment of athletes. The examination should be based on the internationally accepted echo guidelines in “non-athletes” ³. However, as athletes may exhibit physiologic deviations from conventional “ranges of normal”, we also refer to corresponding specific sports cardiology literature.

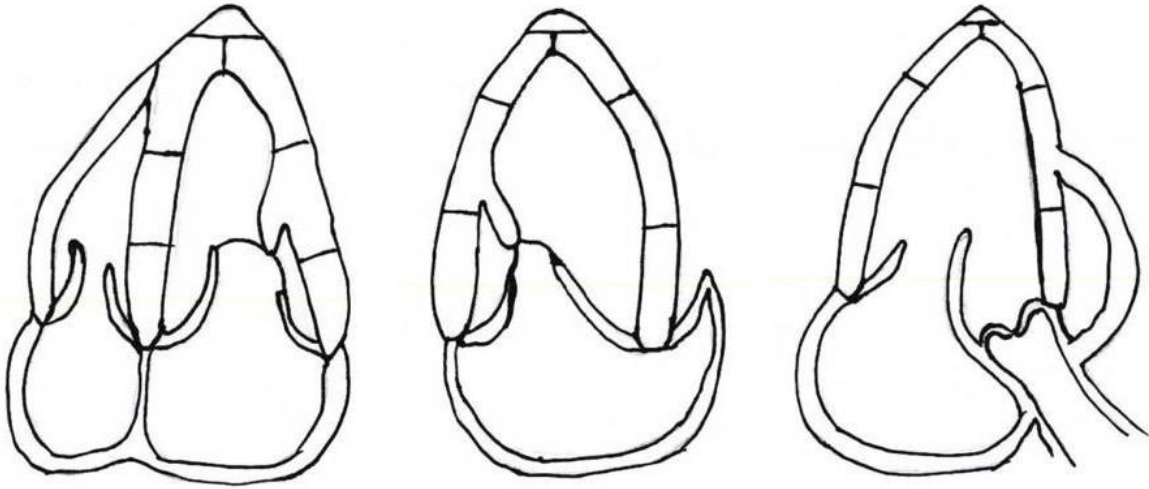
Parasternal long axis:



Parasternal short axis (incl. coronary artery origin):



Apical views:



Left ventricle:

- Dimensions: normal ☐ abnormal ☐
 - o LVEDV: _____ml
 - o LVEDVI: _____ml

- Systolic function: normal ☐ abnormal ☐
 - o LVEF: _____%

- Diastolic function: normal ☐ abnormal ☐

Right ventricle:

- Dimensions: normal ☐ abnormal ☐
- Function: normal ☐ abnormal ☐

Left atrium:

- Dimensions: normal ☐ abnormal ☐
- LAVI _____ ml/m²

Right atrium:

- Dimensions: normal ☐ abnormal ☐
- RAVI _____ ml/m²

Apical 2-chamber view:

normal ☐ abnormal ☐

Apical 3-chamber view:

normal ☐ abnormal ☐

Subcostal view:

normal ☐ abnormal ☐

Jugular view:

Dimensions of the aortic arc: normal ☐ abnormal ☐
Aortic isthmus stenosis: yes ☐ no ☐

Summary:

Structural heart disease (*including relevant valve or myocardial disease, coronary anomaly*):

no ☐ yes ☐ (please specify: _____)

Normal dimensions:

yes ☐ no ☐ (specify: _____)

Normal function:

yes ☐ no ☐ (specify: _____)

Pulmonary hypertension:

no ☐ yes ☐ (highest systolic RV-/RA-Gradient _____ mmHg)

Further assessment required:

no ☐ yes ☐ (please specify: -
_____)

Summarising assessment of echocardiography

☐ normal ☐ abnormal

5. BLOOD RESULTS (FASTING)

* According to clinical setting (suggestion).

Haemoglobin	_____mg/dl
Haematocrit	_____%
Erythrocytes	_____mg/dl
Thrombocytes	_____mg/dl
Leukocytes	_____mg/dl
Sodium	_____mmol/l
Potassium	_____mmol/l
Creatinine	_____μmol/l
Cholesterol (total)	_____mmol/l
LDL cholesterol	_____mmol/l
HDL cholesterol	_____mmol/l
Triglycerides	_____mmol/l
Glucose	_____mmol/l
C-reactive protein	_____mg/l

6. MUSCULOSKELETAL SYSTEM

6.1 SPINAL COLUMN AND PELVIC LEVEL

Spine form	<input type="checkbox"/> normal	<input type="checkbox"/> flat		
		<input type="checkbox"/> hyper kyphosis		
		<input type="checkbox"/> hyper lordosis		
		<input type="checkbox"/> scoliosis		
Pelvic level	<input type="checkbox"/> even	_____cm lower	<input type="checkbox"/> right	<input type="checkbox"/> left
Sacroiliac joint	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal		
Cervical rotation				
right	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Spinal flexion

Distance fingertips to floor _____cm

6.2 EXAMINATION OF HIPS, GROINS AND THIGHS

Hip flexibility

Flexion (passive)

right	<input type="checkbox"/> normal	<input type="checkbox"/> limited _____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	<input type="checkbox"/> normal	<input type="checkbox"/> limited _____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Extension (passive)

right	<input type="checkbox"/> normal	<input type="checkbox"/> limited _____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	<input type="checkbox"/> normal	<input type="checkbox"/> limited _____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Inward rotation (in 90° flexion)

right	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Outward rotation (in 90° flexion)

right	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes

Abduction

right	_____°	painful	<input type="checkbox"/> no	<input type="checkbox"/> yes
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left _____°

painful ☐ no ☐ yes

Tenderness on groin palpation

right ☐ no ☐ pubis

☐ inguinal canal

left ☐ no ☐ pubis

☐ inguinal canal

Hernia

right ☐ no ☐ yes, please specify _____
left ☐ no ☐ yes, please specify _____

Muscles

Adductors

right ☐ normal ☐ shortened painful: ☐ no ☐ yes left
☐ normal ☐ shortened painful: ☐ no ☐ yes

Hamstrings

right ☐ normal ☐ shortened painful: ☐ no ☐ yes left
☐ normal ☐ shortened painful: ☐ no ☐ yes

Iliopsoas

right ☐ normal ☐ shortened painful: ☐ no ☐ yes left
☐ normal ☐ shortened painful: ☐ no ☐ yes

Rectus femoris

right ☐ normal ☐ shortened painful: ☐ no ☐ yes
left ☐ normal ☐ shortened painful: ☐ no ☐ yes

Tensor fasciae latae muscle (iliotibial band)

right ☐ normal ☐ shortened painful: ☐ no ☐ yes left
☐ normal ☐ shortened painful: ☐ no ☐ yes

6.3 EXAMINATION OF KNEES

Knee-joint axis

right ☐ normal ☐ genu varum ☐ genu valgum
left ☐ normal ☐ genu varum ☐ genu valgum

Flexion (passive)

right ☐ normal ☐ limited _____° painful ☐ no ☐ yes
left ☐ normal ☐ limited _____° painful ☐ no ☐ yes

Extension (passive)

right ☐ 0° ☐ limited _____° painful ☐ no ☐ yes
☐ hyperextension _____°
left ☐ 0° ☐ limited _____° painful ☐ no ☐ yes
☐ hyperextension _____°

Lachman test

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Anterior drawer sign (knee joint in 90° flexion)

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Posterior drawer sign (knee joint in 90° flexion)

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Valgus stress, in extension

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Valgus stress, in 30° flexion

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Varus stress, in extension

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Varus stress, in 30° flexion

right	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

Joint line tenderness

right medial	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
right lateral	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left medial	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left lateral	<input type="checkbox"/> normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

6.4 EXAMINATION OF LOWER LEG, ANKLE AND FOOT**Tenderness of Achilles tendon**

right	<input type="checkbox"/> no	<input type="checkbox"/> yes
left	<input type="checkbox"/> no	<input type="checkbox"/> yes

Anterior drawer sign

right	normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++
left	normal	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++

☐
☐**Dorsi-flexion**

right

°

painful

☐

no

☐

yes

left

°

painful

☐

no

☐

yes

Plantar flexion

right

°

painful

☐

no

☐

yes

left

°

painful

☐

no

☐

yes

Total supination

right

☐

normal

☐

decreased

☐

increased

left

☐

normal

☐

decreased

☐

increased

Total pronation

right

☐

normal

☐

decreased

☐

increased

left

☐

normal

☐

decreased

☐

increased

Metatarsophalangeal joint

right

☐

normal

☐

pathological

left

☐

normal

☐

pathological

7. SUMMARY ASSESSMENT

Medical

history

☐

Normal

☐Eligible to play football, follow-up required,
please specify reason: _____☐Play not recommended
please specify reason: _____

Clinical

examination

Normal

☐Eligible to play football, follow-up required,
please specify reason: _____☐Play not recommended
please specify reason: _____☐

Orthopaedic examination

☐

Normal

- ☐ Eligible to play football, follow-up required,
please specify reason: _____
- ☐ Play not recommended
please specify reason: _____
-

12-lead resting

ECG

- ☐ Normal
- ☐ Eligible to play football, follow-up required,
please specify reason: _____
- ☐ Play not recommended
please specify reason: _____
-

Echocardiogr

aphy

- ☐ Normal
 - ☐ Eligible to play football, follow-up required,
please specify reason: _____
 - ☐ Play not recommended
please specify reason: _____
-

Other

findings

- ☐ Normal
- ☐ Eligible to play football, follow-up required,
please specify reason: _____
- ☐ Play not recommended
please specify reason: _____

If abnormalities arise in any of the examination results relating to the PCMA, we strongly recommend consultation with the respective medical expert.

Please also refer to the Associations' Declaration of Agreement to the Pre-Competition Medical Assessment (PCMA). The signed declaration must be returned to the FIFA Medical & Anti-Doping Department before the competition.

8. COVID-19 SPECIFIC TESTS

- In the event of recovery after contamination and known and recognized clinical form of COVID-19:
 - Completely redo the PCMA + examination
 - Pulmonary computed tomography (scanner): Search for specific COVID-19 images
 - Cardiac MRI: Look for signs of myocarditis
- Biology: PCR tests MD-14
 - Molecular tests by RT-PCR for the detection of the SARS-CoV-2 coronavirus genome
 - "Virologic Testings" which detect the presence of the SARS-Cov-2 viral genome in the body.

NB. Please attach any Imaging and/or Laboratory reports

9. Players' Physical Fitness Certificate (Optional)

- Issued by the Technical Staff of the Team
- Participate in the injury prevention program
 - Iso-kinetic test (Cybex, Contrex or Biodex type)
 - Stress Test (VO2Max)
 - Test - Dental Profile (Occlusion - Odontology)
 - Field tests

ELIGIBLE TO PLAY COMPETITIVE FOOTBALL

☐ **yes** ☐ **no**

8. EXAMINING PHYSICIAN AND

Name of the examining physician: _____

Phone no.: _____ Fax no: _____

Email _____

Date:

Signature:

Appendix

1 The revised Ghent nosology for the Marfan syndrome

Please see main publication for details or go to <https://www.marfan.org/>.

Loeys BL et al. Journal of Medical Genetics 2010;47:476-485

2 International criteria for electrocardiographic interpretation

in athletes Please see main publication for details:

Drezner JA et al. Br J Sports Med 2017;1:1-28

3 Recommendations for Cardiac Chamber Quantification by Echocardiography in Adults: An Update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging

Lang RM et al. J Am Soc Echocardiogr 2015; 28:1-39

APPENDIX 3

FIFA EMERGENCY ACTION PLAN		MATCH DETAILS	CONTACT INFORMATION
		V <input type="text"/>	Team leader <input type="text"/>
		Venue <input type="text"/> KO Time <input type="text"/>	Mobile number <input type="text"/>
		Nearest hospital <input type="text"/>	(Ensure ambulance is called)
		Phone # of nearest hospital <input type="text"/>	
INITIAL PRIORITY OF THE TEAM = ALWAYS ASSESS FOR POTENTIAL SUDDEN CARDIAC ARREST			
TRAUMA	RESPONSIBLE	Collapsed and unresponsive = sudden cardiac arrest	
<ul style="list-style-type: none"> Structured assessment of breathing and circulation Assessment of disability and head injury Take chest in log roll Apply airways adjunct if required 	NAME(S) <input type="text"/>	<p>PRIORITY IS TO ASSESS FOR SIGNS OF LIFE</p> <p>If no signs of life:</p> <ul style="list-style-type: none"> Commence CONTINUOUS chest compression and call for AED application Rotate from chest compressions after 2 minutes 	
<ul style="list-style-type: none"> Cervical spine Immobilisation Jaw thrust Take head in log roll 	<input type="text"/>	<p>AIRWAY MANAGEMENT</p> <ul style="list-style-type: none"> Airway opening manoeuvres Insert insert Laryngeal Mask Airway (i-Gel or similar) Apply bag valve to Laryngeal Mask Airway and squeeze every 10 compressions 	
<p>EQUIPMENT – Bring FIFA bag and AED</p> <ul style="list-style-type: none"> Apply AED (if necessary) Assist with equipment 	<input type="text"/>	<p>EQUIPMENT – Bring FIFA bag and AED</p> <ul style="list-style-type: none"> Apply AED Assist with equipment Prepare to perform chest compressions 	
<p>EQUIPMENT – Bring oxygen cylinder</p> <ul style="list-style-type: none"> Apply oxygen to trauma mask at 15l Take the pelvis in log roll 	<input type="text"/>	<p>EQUIPMENT – Bring oxygen cylinder</p> <ul style="list-style-type: none"> Apply oxygen to trauma mask at 15l 	
<p>EQUIPMENT – Bring on scoop and splints (Involve First Aiders prior to the match)</p> <ul style="list-style-type: none"> Take the legs in log roll 	<input type="text"/>	<p>EQUIPMENT – Bring on scoop and splints (Involve First Aiders prior to the match)</p>	

MAY FLIP ALL ASPECTS DEPENDING ON SITE OF INJURY AND HAZARDS

FIRST AIDERS

APPENDIX 4

GHANA FOOTBALL ASSOCIATION (GFA)

MEDICAL MATCH DAY REPORT FORM

Section A: Match Details

Date:	
Time:	
Home Team	Away Team

Match Venue Name: _____

Section B: Pre-Match Medical Checklist

Tick [✓] or Cross [X] as applicable and provide brief comments where necessary.

Item	Available	Comments
A fully equipped and functioning ambulance		
Medical Room Accessible		
Examination couch/bed in medical room		
First Aid Box (e.g., wound dressing)		
AED (Automated External Defibrillator)		
Emergency Contact List Available		
Medical Staff Present (Minimum 2		

Section C: Spectator Estimate

Estimated number of spectators: _____

Section D: Medical Incidents and Interventions

Player Name / Staff / Spectator	Team / Role	Nature of Incident (Injury/Illness)	Intervention Given	Outcome (If Known)

*Attach additional sheets if needed. *

Section E: Post-Match Notes / Recommendations

Section F: Medical Officer's Details

Full Name:	
Phone Contact	
Signature:	Date:

Note: This form must be completed and submitted to the GFA Medical Committee within 48 hours after the match.
