



MALTA FOOTBALL ASSOCIATION  
**MEDICAL CLEARANCE FORM**

POST COVID-19 INFECTION

**PHYSICIAN USE ONLY**

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Outcome of screening

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: \_\_\_\_\_

***A copy of this form must be presented to the Malta Football Association***

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**MEDICAL CLEARANCE FORM**

I do hereby certify that I have today received the Medical Clearance Form of player \_\_\_\_\_

MFA ID Card No \_\_\_\_\_ with \_\_\_\_\_ F.C.

Date: \_\_\_\_\_

MFA Reception \_\_\_\_\_



MALTA FOOTBALL ASSOCIATION  
**PLAYER MEDICAL INFORMATION**

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Name:

Club:

Date of Birth:

Govt Id Card No:

MFA Id Card No:

Address:

Telephone No:

Mobile:

Email:

Doctor's Name:

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**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:**

\_\_\_\_\_





## COVID-19 Targeted Questioning (For Confirmed Positive Players)

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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

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### GENERAL:

Radial and Femoral Pulses  
Marfan Stigmata

Findings

### CARDIAC AUSCULTATION:

Rate  
Rhythm  
Murmur: Systolic/Diastolic  
Systolic Click

/min
mmHg

### BLOOD PRESSURE:

## DIAGNOSTIC TESTS

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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.

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