



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.



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?

YES	NO

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 ECGⁱ.

ⁱ Players of fourteen (14) years of age and over require a minimum of an ECG every two (2) year period, according to the screening date of this form.

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