FOOTBALL FEDERATION ISLAMIC REPUBLIC OF IRAN

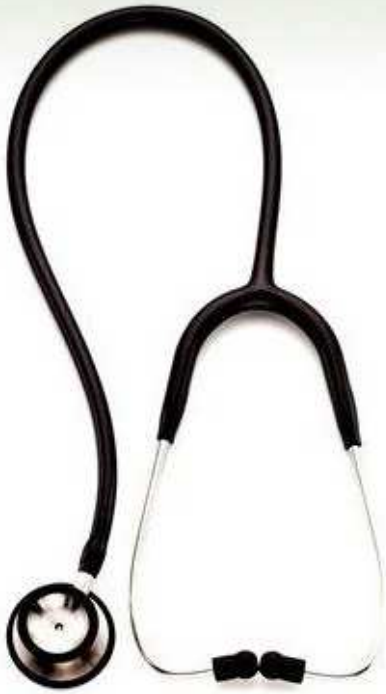
Players Medical File

Surname: ----------

First Name: ----------

Club: ----------

Date: ----------



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لیگ حرفه‌ای فوتبال ایران

فصل ۹۴-۹۳

PLAYERS MEDICAL FILE

1 Profile

Date: ...../...../.....

Surname:	**First name:**
Date of birth: **(day/month/year)**	**Gender :** ☐ **male** ☐ **female**
Nationality:	**City of birth:**
	City of living:
Insurance No. card: **Date of issue:** **Name of Insurance Company:**	**Email:**
Home address: **Tel:** **Cell:**	
Emergency contact: **Name:** **Relationship:** **Cell:**	
Player: ☐**Soccer** ☐**Beach soccer** ☐ **Futsal**	
Position on the field: ☐Goal keeper ☐ Defender ☐Midfielder ☐Striker	
Dominant leg : ☐left ☐Right ☐Both	

Training and competition History

Soccer training:.....years
Total training time per week: ..... hours per week
Matches in the previous season ..... matches

PLAYERS MEDICAL FILE

2 Medical History

2.1 Past Complaints History

General	No	Yes	
Diabetes	☐	☐	
Recurrent infections	☐	☐	
Rheumatic fever	☐	☐	
Heat illness	☐	☐	
Concussion	☐	☐	
Allergic to food, insects	☐	☐	
Allergic to drugs	☐	☐	
Heart and lung	**No**	**At rest……during/after exercise**	
Chest pain or tightness	☐	☐	☐
Shortness of breath	☐	☐	☐
Asthma	☐	☐	☐
Cough	☐	☐	☐
Arrhythmias	☐	☐	☐
Palpitation	☐	☐	☐
Other heart problems	☐	☐	☐
Dizziness	☐	☐	☐
Loss of Consciousness	☐	☐	☐
	No	**Yes**	
Hypertension	☐	☐	
Abnormal lipid profile	☐	☐	
Seizures, epilepsy	☐	☐	
More quickly tired than team mates	☐	☐	
Advised to give up sport	☐	☐	

PLAYERS MEDICAL FILE

3 Musculoskeletal

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

☐No

Right – left				latest occurrence
☐	☐	Groin strain	when?	(month/Year)
☐	☐	Strain of quadriceps	when?	(month/Year)
☐	☐	Strain of hamstring	when?	(month/Year)
☐	☐	Injury of the knee	when?	(month/Year)
		(Please specify: ACL ☐ MCL ☐ LCL ☐ PCL ☐ meniscus ☐ patella ☐)		
☐	☐	Achilles tendon	when?	(month/Year)
☐	☐	Ligament injury of the ankle	when?	(month/Year)
☐	☐	Others, please specify**:**	when?	(month/Year)

For others please provide diagnosis: .....

Attach file No ☐ yes ☐

●**if yes,** Please attach documents (graph, MRI...) about your injuries

PLAYERS MEDICAL FILE

4

Operations of the musculoskeletal system history:

☐No

right – left latest operation

☐ ☐Hip joint when? (month/year)
please specify.....

☐ ☐Groin (due to pubalgia) when? (month/year)
Please specify.....

☐ ☐knee ligaments when? (month/year)
Please specify.....

☐ ☐knee meniscus or cartilage when? (month/year)
Please specify.....

☐ ☐Achilles tendon when? (month/year)
Please specify.....

☐ ☐Ankle joint when? (month/year)
Please specify.....

☐ ☐other operations when? (month/year)

Please specify.....

Attach file No ☐ Yes ☐

- **If yes,** Please attach documents about your operations

Current complaints, aches or pain history:

☐**No** ☐ **Yes,** please specify body parts

□head/face	□Pelvic R □ L□	Right – left
□shoulder R □ L□	□ hand R □ L□	☐ ☐ hip
		☐ ☐ groin
□cervical spine	□Wrist R □ L□	☐ ☐ thigh
□ arm R □ L□	□Elbow R □ L□	☐ ☐ knee
□thoracic spine	□Forearm R □ L□	☐ ☐ lower leg
□lumbar spine	□Fingers R □ L□	☐ ☐ Achilles T.
□sternum/ribs	□ sacrum	☐ ☐ ankle
□abdomen		☐ ☐ foot, toe

2.2 Routine medication within last 12 months

No □ yes □

If yes please specify:

2.3 Family History (male relative < 55 years , female relatives<65 years)

	No	father	mother	sibling	Other
Sudden cardiac death	☐	☐	☐	☐	☐
Sudden infant death	☐	☐	☐	☐	☐
Coronary heart disease	☐	☐	☐	☐	☐
Cardiomyopathy	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Recurrent syncope	☐	☐	☐	☐	☐
Arrhythmias	☐	☐	☐	☐	☐
Heart transplantation	☐	☐	☐	☐	☐
Heart surgery	☐	☐	☐	☐	☐
Pacemaker/defibrillator	☐	☐	☐	☐	☐
Marfan syndrome	☐	☐	☐	☐	☐
Unexplained drowing	☐	☐	☐	☐	☐
Unexplained car accident	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Others (arthritis etc.)	☐	☐	☐	☐	☐

PLAYERS MEDICAL FILE

7

Nutrition

لطفا جواب سوالات زیر را با دقت و حوصله پاسخ دهید . اطلاعات گرفته شده از شما محرمانه خواهد بود. در صورت داشتن مشکل تغذیه ای خاص ضمن اطلاع به شما ، به متخصصین تغذیه دانشگاه ارجاع داده خواهید شد.

سوالات	همیشه	تقریبا همیشه	اغلب	گاهی	به ندرت	هرگز
۱ – من از چاق بودن و یا اضافه وزن داشتن هراسان هستم	☐	☐	☐	☐	☐	☐
۲ – از غذا خوردن حتی هنگامی که گرسنه هستم پرهیز می کنم	☐	☐	☐	☐	☐	☐
۳ – فکر و ذهنم با غذا و مواد غذایی مشغول است	☐	☐	☐	☐	☐	☐
۴ - پرخوری به گونه ایکه احساس کردم نمی توانم آن را متوقف کنم داشته ام	☐	☐	☐	☐	☐	☐
۵ – با غذایم بازی می کنم مثلا آنرا به قطعات کوچکتر تکه تکه می کنم	☐	☐	☐	☐	☐	☐
۶ – از مقدار انرژی مواد غذایی که می خورم آگاه هستم	☐	☐	☐	☐	☐	☐
۷ – از خوردن غذاهایی که دارای نشاسته زیاد هستند مثل : نان ، برنج، سیب زمینی و ... پرهیز می کنم	☐	☐	☐	☐	☐	☐
۸ – احساس می کنم اگر بیشتر غذا بخورم اطرافیانم مرا به شدت بیشتر دوست خواهند داشت	☐	☐	☐	☐	☐	☐
۹ – بعد از غذا خوردن استفراغ می کنم	☐	☐	☐	☐	☐	☐
۱۰ – بعد از خوردن غذا تا حد زیادی احساس پشیمانی و شرم میکنم	☐	☐	☐	☐	☐	☐
۱۱ – فکر و ذهنم با تمایل برای لاغر شدن مشغول است	☐	☐	☐	☐	☐	☐
۱۲ – وقتی ورزش میکنم به فکر سوزاندن انرژی غذای خورده شده هستم	☐	☐	☐	☐	☐	☐
۱۳ – اطرافیانم فکر میکنند که من خیلی لاغر هستم	☐	☐	☐	☐	☐	☐
۱۴ – فکر و ذهنم با اینکه چربی در بدنم جمع شده مشغول است	☐	☐	☐	☐	☐	☐
۱۵ – غذا خوردن من بیش از دیگران طول میکشد	☐	☐	☐	☐	☐	☐
۱۶ – از خوردن غذاهای حاوی قند و شکر مثل شیرینیجات پرهیز میکنم	☐	☐	☐	☐	☐	☐
۱۷ – غذاهای خاصی را می خورم	☐	☐	☐	☐	☐	☐
۱۸ – احساس میکنم غذا تعیین کننده روش زندگی من است	☐	☐	☐	☐	☐	☐
۱۹ – پرهیز از غذای خاصی دارم	☐	☐	☐	☐	☐	☐
۲۰ – احساس می کنم تحت فشار اطرافیانم برای خوردن غذا هستم	☐	☐	☐	☐	☐	☐
۲۱ – در مورد غذاها زیاد فکر میکنم	☐	☐	☐	☐	☐	☐
۲۲ – بعد از خوردن شیرینیجات احساس ناراحتی میکنم	☐	☐	☐	☐	☐	☐
۲۳- تحت رژیم غذایی خاصی هستم	☐	☐	☐	☐	☐	☐
۲۴- دوست دارم معده ام خالی باشد	☐	☐	☐	☐	☐	☐
۲۵ – بعد از غذا خوردن احساس میکنم تمایل برای استفراغ کردن دارم	☐	☐	☐	☐	☐	☐
۲۶ - از خوردن غذاهای جدید و نو لذت می برم	☐	☐	☐	☐	☐	☐

2.6 Doping History

Have you ever selected for doping control test?
□ No □Yes if yes:
How many times?

What was the result?

Date	Result positive □ negative □ If positive specify kind of drug and exclusion

Do you know about doping rules?	□ No □Yes
Do you know about doping control process?	□ No □Yes
Do you know about prohibited list of WADA?	□ No □Yes
Did you participate in anti doping courses?	□ No □Yes If yes, which course…… Date of last course ……
Do you believe that supplements improve your performance?	□ No □Yes
Did you use any supplements in past season?	□ No □Yes If yes please specify in box below

Name of supplement	Brand	Manufacturer	Dose	Duration

2.7 Vaccination History

Td	Yes □ No □	date:……
Flu	Yes □ No □	date:……
Yellow fever	Yes □ No □	date:……
Hepatitis B	Yes □ No □	date:……
Other	Specify:	

3. General Physical Examination

Height :..... cm	Weight:..... kg	Eye color:
Pupils: □ Equal	□ Unequal	
Vision R 20 / ____	L 20 / ____ Corrected:	□Yes □ No
Thyroid gland	□normal	□abnormal
Lymph nodes	□normal	□abnormal
Abdomen: Palpation	□normal	□abnormal
Lungs: Percussion	□normal	□ abnormal
Breath sounds	□normal	□ abnormal
Chest	□normal	□ abnormal
Skin	□normal	□ abnormal
Spleen	□normal	□ abnormal
Other problem:		

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 □clicks □changes during valsalva maneuver □changes when abruptly stands up
Peripheral edema	□ No	□yes
Jugular veins (45' position)	□normal	□ abnormal
Hepato-jugular reflux	□No	□yes
Blood vessels		
Peripheral pulses	□palpable	□not palpable
Delay in femoral pulses	□ No	□ yes
Vascular bruits	□No	□ yes
Varicose veins	□ No	□ yes
Heart rate after 5 minutes rest ……../min		
Blood pressure in supine position after 5 minutes rest Right arm ……/…….. mmHg Left arm ……/ ……mmHg Ankle …… / …….. mmHg		

4.1 12-lead resting ECG in supine position after 5 minutes rest

(Please attach print)

Heart rate	……. /min	
Rhythm/conduction	□normal	□abnormal, please specify: □premature ventricular beats □premature supraventricular beats □supraventricular tachycardia □atrial flutter/fibrillation □delta wave □atrio-ventricular block please specify: □first degree □second degree type 1 □second degree type 2 □third degree
Time indices	PQ …….. ms QRS ……. ms QTC ……. Ms	broader in V1 , V2
Atrial enlargement	□No	□yes, left (negative portion of the p wave in lead V1 >= 0.1 mv in depth and >=0.04 in duration) □yes, right (peaked p wave in leads II and III or V1>=0.25mv in amplitude)
Depolarization / QRS complex		
Axis	□normal	□abnormal (>=+120’ or -30’ to 90’)
Voltage	□normal	□abnormal
LV hypertrophy	□no	□yes
Q wave	□normal	□abnormal (>0.04 s in duration or >25% of height of ensuing R wave or QS pattern in two or more leads)

Bundle branch block □No □yes, please specify:
□complete (>0.12 s) left
□complete (>0.12 s) right
□incomplete left anterior
□incomplete left posterior
□incomplete right

R wave □normal □pathologic R or R' wave in lead V1
(>=0.5 mv in amplitude + R/s ratio =1>)
□others

Repolarisation (ST – segment, T waves, QT –interval)
□normal □abnormal, please specify:

Lead	I	II	III	aVR	aVL	AVF	V1	V2	V3	V4	V5	V6
ST – depression	□	□	□	□	□	□	□	□	□	□	□	□
ST – elevation	□	□	□	□	□	□	□	□	□	□	□	□
T wave flattening	□	□	□	□	□	□	□	□	□	□	□	□
T wave inversion	□	□	□	□	□	□	□	□	□	□	□	□

Summarizing assessment of ECG **□normal** **□abnormal**

If it's abnormal, please specify:

Signature of cardiologist

4.2 Echocardiography (Normal values of general population)

Please attach the file

Body surface area (BSA):……m2
Left ventricular (LV) **End- diastolic diameter** **……..cm/m2** (normal values: women 2.4-3.2 cm/m2 , men 2.2-3.1 cm/m2)
End – systolic diameter **…….. cm/m2** **End-diastolic interventricular septum thickness** **…….. cm/m2** (normal values: women <0.9 cm/m2 , men <1.0 cm/m2)
Diastolic posterior wall thickness **…….. cm/m2** (normal values: women <0.9 cm/m2 , men <1.0 cm/m2)
LV Diastolic volume **…….. ml/m2** (normal values: women and men 35-75 ml/m2)
LV systolic volume **…… ml/m2** (normal values: women and men 12-30 ml/m2)
LV systolic volume **…… ml/m2** (normal values: women and men 12-30 ml/m2)
LVMMI (LV mass/BSA; linear method) **……. g/m2** (normal values: women <95 g/m2) men <115 g/m2)

Systolic function **Miteral anterior movement** ……. **mm**
Fraction shortening (endocardial) (normal values:women>27% and men >25%) …… **%**
Ejection fraction (simpson biplane or area length method) ……. % (normal value: >=55%)
Regional wall motion □normal □abnormal
Diastolic function E wave …….. cm/s A wave ……. cm/s (E/A ratio) …… Deceleration time …… ms E' (tissue Doppler) septal ……. cm/s Lateral wall …….cm/s E/E'……
Left atrium **Diameter** (m-mode,parasternal long axis) ……. cm **Area** (4-chamber view) …… cm (normal value: <20 cm2) **Volume** (in simpson or area length method) …… ml/m2 (normal value: women and men <28ml/m2)

Right atrium /inferior vena cava

Area (4-chamber view) …… cm
IVC diameter **……** cm
Respiratory variability of the IVC □>50% □<50%

Right ventricle

Mid-RV diameter (4-chamber view ,RVD 2) …… cm (normal value:<3.3 cm)
Base –to-apex length (4-chamber view ,RVD 3)……. cm(normal value:<7.9 cm)
Fac (fractional area change) …… % (normal value:>32%)
TAM (tricuspidal anterior motion) …… mm
Systolic RV/RA gradient **……** mmHg
Regional wall motion □normal □abnormal
Local aneurysm □no □yes
Hypertrophy □no □yes
Free wall thickness **……** cm (normal :< 0.5 cm)

Cardiac valves

Aortic valve □normal □abnormal
Mitral valve □normal □abnormal
Tricuspid valve □normal □abnormal
Pulmonal valve □normal □abnormal

Specify abnormalities
Aortic root diameter (Aod,sinus valsalva) …… cm
Aortic ascendens **……** cm

Summarizing assessment of echocardiography ☐ **Normal** ☐ **Abnormal**

If it's abnormal, please specify:

Signature of cardiologist

5. Blood Results (fasting)

Sedimentation rate	……mm/first hour	Potassium	……mmol/l
Hematocrit	……%	Creatinine	……mg/dl
Haemoglobin	……g/dl	Cholesterol (total)	……mg/dl
Erythrocytes	……mg/dl	Glucose	……mg/dl
Thrombocytes	……mg/dl	LDL cholesterol	……mg/dl
Leukocytes	……mg/dl	HDL cholesterol	……mg/dl
Sodium	……mmol/l	Triglycerides	……mg/dl
CRP	……mg/l	IRON	……mg/dl
SGOT	……u/l	Ferritin	……mg/l
SGPT	……u/l	TIBC	
MCV		MCH	
MCHC		T3	
T4		TSH	
Creatine kinase		Magnesium	
ALK – p	……u/l	Uric Acid	……mg/dl
Serum Albumin		Hepatitis B	
Hepatitis C		HIV	
Urine test			
Blood Group and Rh ☐			

These requested tests for women are mandatory:

Testosterone		17 OH PROGESTERON	
DHEA SO4			

6.1 Spinal Column and Pelvic level

Spine form	☐ normal	☐ flat ☐ hyperkyphosis ☐ hyperlordosis ☐ scoliosis		
Pelvic level	☐ even	……. cm lower	☐ right	☐ left
Sacroiliac joint	☐ normal	☐ abnormal		
Cervical rotation Right left	 …….' …….'	 painful painful	 ☐ no ☐ no	 ☐ yes ☐ yes
spinal flexion cm	distance fingertips to floor	……		

6.2 Examination of Hip, Groin and Thigh

Flexibility of the hip **Flextion (passive)** Right □normal □limited ……' painful □no □yes Left □normal □limited ……' painful □no □yes
Extension (passive) Right □normal □limited ……' painful □no □yes Left □normal □limited ……' painful □no □yes
Inward rotation (in 90' flextion) Right ……' painful □no □yes Left ……' painful □no □yes
Outward rotation (in 90' flextion) Right ……' painful □no □yes Left ……' painful □no □yes
Abduction Right ……' painful □no □yes 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
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 fascia latae muscle (iliotibial band) Right □normal □shortened painful: □no □yes Left □normal □shortened painful: □no □yes

Knee joint axis Right □normal □genu varum □genu valgum Left □normal □genu varum □genu valgum
Flextion (passive) Right □normal □limited ……’ painful □no □yes Left □normal □limited ……’ painful □no □yes
Extention (passive) Right □0’ □limited ……’ painful □no □yes □hyper – extension …..’ Left □0’ □limited ……’ painful □no □yes □hyper – extension …..’
Lachman test Right □normal □ Grade 1 □ Grade 2 □ Grade 3 □ No endpoint Right □normal □ Grade 1 □ Grade 2 □ Grade 3 □ No endpoint
Anterior drawer sign (knee joint in 90’ flextion) Right □normal □ + □ ++ □ +++ Left □normal □ + □ ++ □ +++
Posterior drawer sign (knee joint in 90’ flextion0 Right □normal □ + □ ++ □ +++ Left □normal □ + □ ++ □ +++
Valgus stress,in extention Right □normal □ + □ ++ □ +++ Left □normal □ + □ ++ □ +++
Valgus stress, in 30’ flextion Right □normal □ + □ ++ □ +++ Left □normal □ + □ ++ □ +++
Varus stress ,in extention Right □normal □ + □ ++ □ +++ Left □normal □ + □ ++ □ +++
Varus stress, in 30’ flextion Right □normal □ + □ ++ □ +++ Left □normal □ + □ ++ □ +++
Thessally Test, Right □Normal □Joint line discomfort □Locking Left □Normal □Joint line discomfort □Locking

6.4 Examination of lower leg, Ankle and Foot

Tenderness of Achilles tendon				
Right	□no	□yes		
Left	□no	□yes		
Anterior drawer sign				
Right	□normal	□ +	□ ++	□ +++
Let	□normal	□ +	□ ++	□ +++
Dorsi flextion				
Right	……’	painful	□no	□yes
Left	……’	painful	□no	□yes
Plantar flextion				
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	
Metatarsophalegeal joint				
Right	□normal	□pathological		
Left	□normal	□pathological		

6.5 Examination of upper Extremity

Active Elevation: **Right** □ Normal □Abnormal please specify: **Left** □ Normal □Abnormal please specify:
Active External Rotation: **Right** □ Normal □Abnormal please specify: **Left** □ Normal □Abnormal please specify:
A**ctive Internal Rotation:** **Right** □ Normal □Abnormal please specify: **Left** □ Normal □Abnormal please specify:
A**ctive Compression:** **Right** □ Normal □Abnormal please specify: **Left** □ Normal □Abnormal please specify:
Goal Keepers
Instability Test: **Right** □ Normal □Abnormal please specify: **Left** □ Normal □Abnormal please specify:

6.5 Nutritional Assessment

Weight:	Age :	Around wrist:	Height:	BMI:

Skin folds assessment (mm)

Triceps				
Sub scapular				
Thigh				
Supra iliac				
Abdominal				
Axilla				
Pectoral				
Biceps				
Lower back				
Calf				
Summation				
..... % Body fat				

Please attach the body composition analyzer documents to this form

PLAYERS MEDICAL FILE

CLEARANCE FORM

Medical history ☐ Normal ☐ eligible for football, follow – up required, Please specify: ☐ Play not recommended Please specify:……
Clinical examination ☐ Normal ☐ eligible for football, follow – up required, Please specify: ☐ Play not recommended Please specify:……
Orthopedic examination ☐ Normal ☐ eligible for football, follow – up required, Please specify: ☐ Play not recommended Please specify:……
12-lead resting ECG ☐ Normal ☐ eligible for football, follow – up required, Please specify: ☐ Play not recommended Please specify:……
Echocardiography ☐ Normal ☐ Eligible for football, follow – up required, Please specify: ☐ Play not recommended Please specify:……..
Other findings ☐ Normal ☐ Eligible for football, follow – up required, Please specify: ☐ Play not recommended Please specify:……

Eligibility for competitive football ☐ **YES** ☐ **NO**

8. Examination physician and institution

Name of the examining physician:

Address:

Phone No:

Fax No:

Email:

Date:

Signature: