



**- CONMEBOL -**

# MEDICAL EVALUATION PRE-COMPETITION

**SURNAMES**

**NAMES**

**DATE OF BIRTH**

**PLAYER POSITION**

**LOCAL CLUB/ NATIONAL TEAM**

**COUNTRY**

## PRE-PARTICIPATORY MEDICAL RECORDS

### General - Cardiovascular

#### • Personal Cardiological History

Chest pain or discomfort on exertion.

YES NO

Unexplained syncope or hypothyria.

Dyspnea or disproportionate fatigue on exertion.

Previous heart murmur.

History of arterial hypertension.

Prior restriction to participate in sports.

#### • Family Cardiological History

Sudden cardiac death in a family member under 50 years of age.

YES NO

Coronary heart disease in a family member under 50 years of age.

Relatives with cardiac pathology at risk of sudden death.

#### • General Cardiological History

Non-traumatologic surgeries.

YES NO

Non-surgical hospitalizations.

Traumatic Brain Injury.

Bronchial Asthma.

Other relevant pathology (e.g., epilepsy, diabetes, hypothyroidism, etc.).

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# PRE-PARTICIPATORY MEDICAL HISTORY

## General - Cardiovascular

### • Commonly Used Drugs

	DOSAGE	DIAGNOSIS
1. _____	<input type="text"/>	<input type="text"/>
2. _____	<input type="text"/>	<input type="text"/>
3. _____	<input type="text"/>	<input type="text"/>

### • Regular Use Supplements

	DOSAGE	INDICATION
1. _____	<input type="text"/>	<input type="text"/>
2. _____	<input type="text"/>	<input type="text"/>
3. _____	<input type="text"/>	<input type="text"/>

- Alcohol Consumption
- Tobacco Consumption

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



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# PRE-PARTICIPATORY MEDICAL HISTORY

## Muscular - Skeletal System

- Surgical Interventions

	RIGHT		LEFT		DATE	
Shoulder						
Elbow						
Hand						
Spine						
Hip						
Pubis						
Knee - Ligament						
Knee - Meniscus						
Thigh						
Ankle						
Foot						
Achilles Tendon						
Other						

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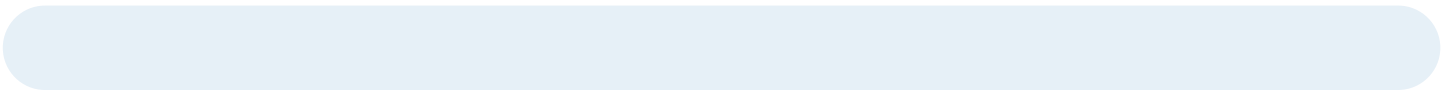
# PRE-PARTICIPATORY MEDICAL HISTORY

## Muscular - Skeletal System

- **Serious Injuries Suffered**

Inactivity equal to /greater than 4 months

	RIGHT		LEFT		DATE	
Shoulder						
Elbow						
Hand						
Spine						
Hip						
Pubis						
Knee - Ligament						
Knee - Meniscus						
Thigh						
Ankle						
Foot						
Achilles Tendon						
Oher						
Muscle injuries						



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## For female players

	NO	YES	
Regular menstrual cycle	<input type="checkbox"/>	<input type="checkbox"/>	
Dysmenorrhea (pain)	<input type="checkbox"/>	<input type="checkbox"/>	In the last 4 weeks
		<input type="checkbox"/>	Before the last 4 weeks
Amenorrhea (absence of period > 90 days)	<input type="checkbox"/>	<input type="checkbox"/>	
Oligomenorrhea (infrequent periods)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the athlete pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
			Since when <input type="text"/>
The player resorts to hormonal methods to suppress or slow down menstruation during important competitions?	<input type="checkbox"/>	<input type="checkbox"/>	

### • Pathologies

Inactivity equal to /greater than 4 months

	ACUTE		CRONIC		DIAGNOSIS	
Shoulder						
Elbow						
Hand						
Spine						
Hip						
Pubis						
Knee - Ligament						
Knee - Meniscus						
Thigh						

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	ACUTE		CRONIC		DIAGNOSIS	
Ankle						
Foot						
Achilles Tendon						
Other						
Muscle injuries - Specify						

## PRE-PARTICIPATORY PHYSICAL EXAMINATION

### Player's Body Data

WEIGHT:

SIZE:

BMI:

### • Pathology

	NORMAL		ABNORMAL		DESCRIPTION	
Pulse						
Blood Pressure (Seated)						
Head						
Neck						
Thorax - Heart						
Thorax - Lung						
Abdomen						
Allergy: Specify						

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**• Musculoskeletal system pathology**

	NORMAL	ABNORMAL	DESCRIPTION
Spine			
Elbow - Hand			
Hip - Groin			
Thigh			
Knee			
Leg			

**RESTING ELECTROCARDIOGRAM**  
**Cardiological examination**

NORMAL

YES

NO

**• Findings Type 1 (Normal in Referees)**

Sinus bradycardia.

YES NO

AV Block 1.

Incomplete Right Branch Block.

Left ventricular hypertrophy by voltage criteria.

Early repolarization.

Elevated ST with negative T V1-V4 in black race.

Elevated ST with negative T V1-V3 in children under 16 years of age.

Ectopia actral or junctional rhythm.

AV block 2o Mobitz type 1.



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### • Borderline findings (only 1 item accepted)

Electrical shaft deflected left.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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Electric shaft deflected right.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Left Atrial Growth.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Right Atrial Growth.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Complete Right Branch Block.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### • Type 2 findings (abnormal in referees)

Inverted T wave beyond V4 in blacks and V3 in whites.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

ST with depression.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Pathologic Q wave.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Complete left bundle branch block.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

QRS>140.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Epsilon wave.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Prolonged QTC

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Brugada Type 1.

<input type="checkbox"/>	<input type="checkbox"/>
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Sinus Bradycardia > 30 bpm.

<input type="checkbox"/>	<input type="checkbox"/>
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Interval PR > 40 MSG.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Block 2 Monitz type 2.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Complete AV block (3rd).

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Ventricular extrasystoles (>2).

<input type="checkbox"/>	<input type="checkbox"/>
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Atrial tachyarrhythmias.

<input type="checkbox"/>	<input type="checkbox"/>
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Ventricular arrhythmias.

<input type="checkbox"/>	<input type="checkbox"/>
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# ELECTROCARDIOGRAM AND CARDIAC DOPPLER

## • Mode - 2D and Doppler measurements

		COMMENTS
Aortic root	mm	
Ascending Aorta	mm	
Left atrium (long axis diameter)	mm	
Left atrium area 4 chambers	cm <sup>2</sup>	
Atrial Volume Left Atrium	ml/m <sup>2</sup>	
Right atrium area 4 chambers	mm	
Left ventricular internal diastolic diameter	mm	
Diastolic interventricular septum	mm	
Diastolic posterior wall	% / %	
Ejection Fraction / Shortening Fraction		
Segmental Motility (Normal or Abnormal)	mm	
Right ventricle basal diameter 4 chambers		
Mitral Valve (normal/abnormal)		
Aortic Valve (normal/abnormal)		
Tricuspid Valve (normal / abnormal)		
Pulmonary Valve (normal / abnormal)		
Pulmonary Artery Systolic Pressure		
E/ E' medial		
E/ E' lateral		
Strain rate longitudinal left ventricle 4 chambers*.		
Strain rate longitudinal left ventricle 3 chambers*.		
Strain rate longitudinal left ventricle 2 chambers*.		

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• **Conclusions**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Blood Test Results** *(Fasting)* **Basic Analytcs**

Hemoglobin	_____
Hematocrit	_____
Erythrocytes	_____
Thrombocytes	_____
Leukocytes	_____
Sodium	_____
Potassium	_____
Calcium	_____
Phosphorus	_____
Creatinine	_____
Cholesterol (total)	_____
LDL cholesterol	_____
HDL cholesterol	_____
Triglycerides	_____
C-reactive protein	_____
Ferritin	_____
Uric Acid	_____

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# SUMMARY OF THE PRE-PARTICIPATORY EVALUATION

## Overall evaluation - Conclusions

### • Medical History

	NORMAL	ABNORMAL
General Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Laboratory	<input type="checkbox"/>	<input type="checkbox"/>

### Resting Electrocardiogram

	NORMAL	ABNORMAL
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Type 1 Finding (frequent in referees)	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Finding (1)	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Finding (2 or +)	<input type="checkbox"/>	<input type="checkbox"/>
Finding Type 2 (Abnormal)	<input type="checkbox"/>	<input type="checkbox"/>

### Echocardiogram and Cardiac Doppler

	NORMAL	ABNORMAL
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Compatible Athlete Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal	<input type="checkbox"/>	<input type="checkbox"/>

### • Conclusions

Suitable	<input type="checkbox"/>
Suitable with Follow-Up Indications	<input type="checkbox"/>
Not Suitable	<input type="checkbox"/>

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**Medical Institution:**

**Reviewing Physician Medical Commission:**

**Hospital performing the tests:**

**Date:**

**Official team doctor signature:**

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**Signature Clarification:**

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