

AMMANFORD AFC

MEDICAL CARE OF PLAYERS

Thomas

Signed:

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MEDICAL CARE OF PLAYERS

Player welfare is imperative at Ammanford AFC, and as a member of the Football Association of Wales (FAW), all registered players will have access to the sport insurance agreement in place with BlueFin Sport.

This policy outlines the medical examination that will take place during the season to all first team squad members. As part of the first team squad, they will be entitled to a yearly examination by our Club Medical Doctor. This medical will be completed in line with the Appendix attached on the next page.

Following our Safeguarding Policy and FAW Regulations, we will ensure this is completed by those who have a DBS certificate and certified qualifications and experience in the medical/physio department.

Appendix 1: Player Medical Form

FOOTBALL ASSOCIATION OF WALES MEDICAL QUESTIONNAIRE

This form must be completed by FAW Tier 1 Licence Applicants. It must be completed by all registered members of the first team squad, who have played, or will play, in their domestic League during the current football season. After the Deadline for Submission of the application to the Licensor has passed, only players who have completed this Medical are permitted to participate in the League. Players who have left the club are not required to complete the form.

S.03 MEDICAL CARE OF PLAYERS – CLUB LICENSING DOCUMENT

| A.) ME | A.) MEDICAL RECORDS | | | | |
|----------|--|---|--|--|--|
| Every p | Every player must have a complete medical record that is updated at least annually. It must include: | | | | |
| | | | | | |
| a) | details of medical conditions in the player's immediate family; | | | | |
| b) | the player's complete medical history; | | | | |
| c) | details of complaints currently suffered by the player; | | | | |
| d) | details of any medications or supplements the player is taking, and any TUEs that the player has been granted; | | | | |
| e) | the player's complete vaccination record; | | | | |
| f) | the results of all cardiological examinations. | | | | |
| | r's medical record must state whether there is a history o yer's immediate family (i.e. parents or siblings): | f any of the following medical conditions in | | | |
| a) | Hypertension, stroke; | | | | |
| b) | Heart conditions incl. sudden cardiac death; | | | | |
| c) | Vascular problems, varicose veins, deep venous thrombosis; | | | | |
| d) | Diabetes; | | | | |
| e) | Allergies, asthma; | | | | |
| f) | Cancer, blood diseases; | | | | |
| g) | Chronic joint or muscle problems; | | | | |
| h) | Hormonal problems. | | | | |
| 2. A pla | ayer's complete medical history must state whether the p | layer has ever suffered any of the following: | | | |
| a) | Heart problems, arrhythmias, syncope; | | | | |
| b) | Concussion; | | | | |
| c) | Allergies, asthma; | | | | |
| d) | Recurrent infections; | | | | |
| e) | Major diseases; | | | | |
| f) | Major injuries causing surgery, hospitalisation, absence from football of more than 1 month. | | | | |

| Details of complaints currently suffered by the player must include any: | | |
|--|--|--|
| a) |) General (muscle or joint pain); | |
| b) |) Chest pain, dyspnoea, palpitation, arrhythmia; | |
| c) | Dizziness, syncope; | |
| d) |) Flu-like symptoms, cough, expectoration; | |
| e) |) Loss of appetite, weight-loss; | |
| f) | Sleeplessness; | |
| g) | Gastrointestinal upset; | |

B.) GENERAL MEDICAL EXAMINATION (Article 5 of UEFA Medical Regulations 2017)

| a) | Height (metres) | |
|----|--|--|
| b) | Weight (Kilograms) | |
| c) | Blood Pressure | |
| d) | Head and Neck (including eyes with vision test, nose, ears, teeth, throat, thyroid gland) | |
| e) | Lymph Nodes | |
| f) | Chest and Lungs (inspection, auscultation, percussion, inspiratory and expiratory chest expansion) | |
| g) | Heart (sounds, murmurs, pulse, arrhythmias) | |
| h) | Abdomen (including. hernia or scars) | |
| i) | Blood Vessels (e.g. Peripheral pulses, vascular murmurs, varicoses) | |
| j) | Skin Inspection | |
| k) | Nervous System (e.g. reflexes, sensory abnormalities) | |
| I) | Motor System (e.g. weakness, atrophy) | |

The following tests are only mandatory for players who participate in UEFA Competitions (UEFA Champions League or UEFA Europa League), unless otherwise chosen by club or player at own cost or recommended by Doctor / Cardiologist

C.) SPECIAL CARDIOLOGICAL EXAMINATION

1)

A standard 12-lead ECG must be performed annually, and the results included in the player's medical record. (UEFA Article 6.01)

An echocardiography must be performed every two years and the results included in the player's medical record.

(UEFA Article 6.01)

D.) LABORATORY EXAMINATION

(UEFA Article 7) - Comprehensive laboratory screening must be conducted with the informed consent of the player and in accordance with national legislation (on confidentiality, discrimination, etc.). This screening must include:

| a. | . blood count (haemoglobin, haematocrit, erythrocytes, leukocytes, | |
|----|--|--|
| b. | b. thrombocytes) | |
| c. | e. urine test ("dipstick test" to determine levels of protein and sugar) | |
| d. | I. sickle cell trait test | |
| e. | e. glucose test | |
| f. | creatinine test | |
| g. | g. potassium test | |

E.) ORTHOPAEDIC EXAMINATION AND FUNCTIONAL TEST

An orthopaedic examination including functional tests must be conducted annually and must include:

| | a) |
|----|--|
| | a |
| a. | inspection and functional examination of the spinal column (tenderness, pain and range of movement) |
| b. | shoulder pain, mobility and stability |
| с. | hip, groin and thigh pain and mobility |
| d. | knee pain, mobility, stability and effusion |
| e. | lower leg pain (shin splints or Achilles tendon injury) |
| f. | ankle and foot pain, mobility, stability and effusion |

Name of Doctor: _____

Signature of Doctor: _____

Date: _____

Location: _____