



**SOUTH AFRICAN FOOTBALL ASSOCIATION
PRE-COMPETITION MEDICAL ASSESSMENT TOOL
DONE IN PREPARATION FOR MAJOR TOURNAMENT**

PLAYER PERSONAL DETAILS:

FULL NAMES: _____

SURNAME: _____

DATE OF BIRTH: _____ (DAY / MONTH / YEAR)

RESIDENTIAL ADDRESS:

_____ POSTAL CODE: _____

TEL NUMBER: _____

MEDICAL HISTORY:

PRESENTING COMPLAINT:

RESPIRATORY/ENT: _____

CARDIOVASCULAR: _____

GASTROINTESTINAL: _____

MUSCULOSKELETAL: _____

CENTRAL NERVOUS SYSTEM: _____

For Females only:

MENARCHE: _____

LNMP 201 / / : _____

CYCLE PATTERN 14DAYS/21DAYS/28DAYS/OTHER: _____

NUMBER OF SANITARY TOWELS PER DAY

NUMBER OF DAYS

ASSOCIATED SYMPTOMS

CONTRACEPTIVE METHOD _____
LAST DOSE _____

PAST COMPLAINTS:

RESPIRATORY: _____

CARDIOVASCULAR: _____

GASTROINTESTINAL: _____

MUSCULOSKELETAL: _____

CENTRAL NERVOUS SYSTEM: _____

PREVIOUS SURGICAL HISTORY:

PREVIOUS REHABILITATION:

TYPE OF INJURY: _____

DETAILS OF REHABILITATION (INCLUDING
DURATION): _____

IF MORE THAN ONE INJURY AND REHABILITATION PLEASE PROVIDE DETAILS BELOW:

CURRENT DIAGNOSIS IF ANY: _____

CURRENT TREATMENT / MANAGEMENT (INCLUDING SURGERY/ REHABILITATION):

ROUTINE MEDICATION TAKEN (INCLUDING SUPPLEMENTS): _____

ANY KNOWN ALLERGIES? _____

TRAVEL VACCINATION HISTORY:

COUNTRY LAST VISITED: _____

DID YOU CONSULT A TRAVEL HEALTH PRACTITIONER / CLINIC: YES OR NO

DO YOU HAVE A TRAVEL VACCINATION CARD? YES OR NO

EXPIRY DATE:

FAMILY HISTORY

FAMILY MEMBER THAT SUFFERED CARDIAC EVENT BEFORE THE AGE OF 50 YES OR NO.

IF YES PLEASE PROVIDE MORE

DETAILS: _____ RELATION _____

AGE AT EVENT

NATURE OF EVENT

HISTORY OF SUDDEN DEATH ? ? YES OR NO.

IF YES PLEASE PROVIDE MORE DETAILS: _____

Kirsten NEMATANDANI (President), Mwelo NONKONYANA (VP), Irvin KHOZA (VP), Mandla MAZIBUKO (VP), Danny JORDAAN (VP), Robin PETERSEN (CEO/GS)
National List Members: Alpha MCHUNU, Sam MASITENYANE, Motebang MOSESE, Truman PRINCE, Nomsa MAHLANGU, Aubrey BAARTMAN, Eric MTSHATSHA, Poobalan GOVINDASAMY, Abel RAKOMA, Morris TSHABALALA
Provincial List Members: Velaphi KUBEKA, Jeremiah MDLALOSE, Fanyana SIBANYONI, David ZULU, Lucas NHLAPO, Nemavhola KHOROMBI, Xolani MTUMTUM, Anthony REEVES, Mzwandile MAFORVANE, Vincent TSEKA, Jan KOOPMAN, Theodore KHUPE, Elvis SHISHANA, Gerald DON, Andile NDENGEZI, Mzimkhulu NDLELO, Lefore LEREFOLLO, Paseka NKONE
League Members: Mato MADLALA, Stanley MATTHEWS, Kaizer MOTAUNG
Honorary Members: Molefi OLIPHANT (Honorary Life President), Lesole GADINABOKAO (Honorary President), Leepile TAUNYANE (Honorary Life Member)

PARTICIPATION / COMPETITION HISTORY

CURRENT CLUB: _____

COUNTRY OF CLUB: _____

POSITION CURRENTLY PLAYING: _____

NUMBER OF GAMES PLAYED IN THE LAST 12 MONTHS: _____

HABITS:

DO YOU SMOKE? YES OR NO:

IF YES PROVIDE DETAILS OF TYPE, AMOUNT PER DAY/WEEK AND NUMBER OF YEARS:

DO YOU DRINK ALCOHOL? YES OR NO:

IF YES PROVIDE DETAILS OF TYPE, AMOUNT PER DAY/WEEK AND NUMBER OF YEARS:

ANY OTHER RECREATIONAL DRUG USE? YES OR NO

IF YES, PLEASE PROVIDE MORE DETAILS: _____

I, _____, declare that the above-mentioned information is true.

PLAYER SIGNATURE: _____ Date: _____

WITNESS: _____ Date: _____

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MEDICAL EXAMINATION:

Weight: _____ Height: _____

Bp: _____ Pulse (Rate/ Rhythm): _____

Respiratory Rate: _____ Temperature: _____

ENT: _____

Respiratory System: _____

Cardiovascular System: _____

Abdomen: _____

Musculoskeletal Examination:

Shoulders: _____

Upper Limbs: _____

Back: _____

Hips: _____

Thighs: _____

Knees: _____

Ankles: _____

Feet: _____

Urine Dipsticks: _____

ECG: _____

Any other significant findings? _____

Recommendations / Opinion: _____

DETAILS OF MEDICAL PRACTITIONER

FULL NAMES: _____

SURNAME: _____

QUALIFICATIONS: _____

SIGNATURE: _____

DATE: _____

OFFICE STAMP: