



UEFA pre-match medical information provision form

This form is designed to assist clubs/associations in their compliance with chapter 3, Article 14 of UEFA Medical Regulations – Pre-Match Information Provision for Minimum Medical Requirements. The form can be downloaded from Box and should be completed by the host club/association. It must then be uploaded on TIME at least two weeks in advance of the match or as soon as possible after the relevant draw if within this deadline.

In this document you will find mandatory sections (marked with a star *, points 1-5) and a recommended section (points 6-7).

All mandatory items must be completed, and all recommended items are strongly recommended to be completed.

1. General information:*

| | |
|--------------------------------|------------------------------|
| Competition: | <i>UEFA Champions League</i> |
| Match: | <i>Team XYZ vs Team ABC</i> |
| Date: | <i>02/12/2018</i> |
| Name of host team: | <i>Team XYZ</i> |
| Name of stadium / hall: | <i>XYZ Stadium</i> |

2. Contact details:*

Please provide the following information relating to the pitchside medical officials and emergency hospital:

| | | | |
|-----------|---|----------------------|-----------------------------------|
| 1. | Pitchside emergency doctor | Name: | <i>Dr James Blue</i> |
| | | Mobile phone: | <i>(+country code) 0123456789</i> |
| 2. | Stadium/hall medical coordinator | Name: | <i>Martin Yellow</i> |



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| | | | |
|----|--|------------------------------------|---|
| 3. | (If different to pitchside doctor) | Mobile phone: | <i>(+ country code) 0987654321</i> |
| | Home team doctor | Name: | <i>Same as Stadium medical coordinator</i> |
| | (If different from stadium/hall medical coordinator) | Mobile phone: | - |
| 4. | Nearest hospital with accident and emergency facilities | Name: | <i>Hospital EFG</i> |
| | | Address/location: | <i>EFG road, Postcode 5678, Example country</i> |
| | | Emergency telephone number: | <i>(+ country code) 5671234098</i> |
| | | Website: | <i>www.EFGhospital.com</i> |



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3. Stadium/Hall map:*

Please attach to this document (either electronically or in paper form) a map of the stadium/hall. This must contain at least the following information:

1. Location of the ambulance for the sole use of players, team officials, referee team and match officers
2. Emergency exit point from the pitch/tunnel/dressing room areas to ambulance
3. Location of the medical room





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4. Emergency evacuation plan:*

Please detail the emergency evacuation plan for the stadium/hall for medical emergencies involving players, referees or match officers.

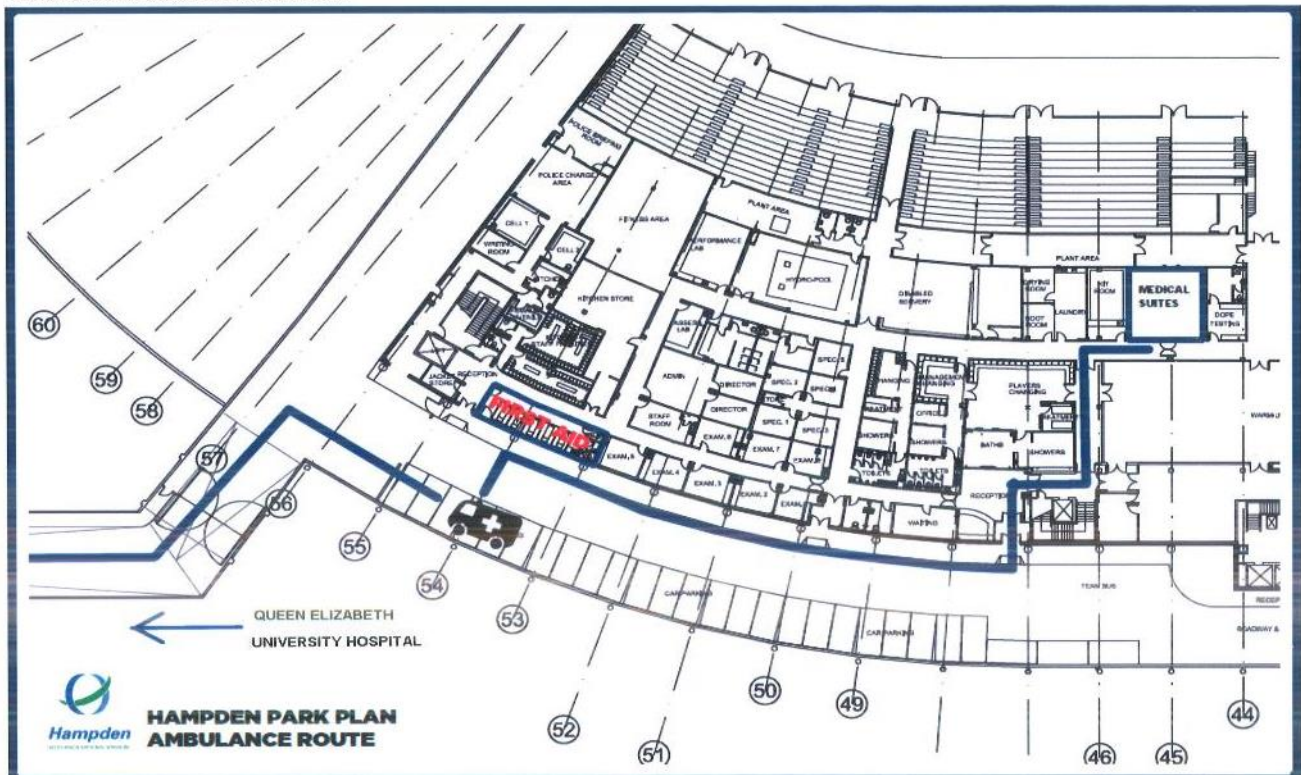
Example:

The injured player would be assessed by the team doctor. If requested/signaled, the pitchside emergency doctor and stretcher team will assist the team doctor in the injury assessment.

The injured player would be removed from the pitch via the central tunnel, with the help of the stretcher team if necessary, to the medical room for assessment in the first instance.

If appropriate, the player would then be evacuated from the medical room to a waiting ambulance in the Underground Roadway.

EVACUATION ROUTE FROM PITCH





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5. Health information:*

| | |
|---|---|
| Recommended Vaccinations: | <i>Vaccinations for tetanus mandatory</i> |
| Suitability of tap water for drinking: | <i>Tap water is drinkable.</i> |
| Current Medical Epidemics: | <i>No current epidemics</i> |
| Restrictions on Medical Imports: | <i>No restrictions on medical imports</i> |
| Average temperature expected at kick-off time: | <i>7C</i> |
| Any other applicable health warnings: | <i>None</i> |

6. Contact details of local surgeons and medical facilities:

Please provide contact details of any known local surgeons (orthopaedic surgeon, knee specialist, cardiologist, etc.) as well as medical facilities (best place for imaging such as MRI, scans, etc.) who may be available to treat and provide medical services, if required by the visiting team:

| Name | Position/role/speciality | Telephone number(s) /mobile phone |
|---------------------------------------|-------------------------------------|--|
| <i>Dr Pierre Brown</i> | <i>Cardiologist at EFG Hospital</i> | <i>(+country code) 45678901234</i> |
| <i>XXX Medical center for imaging</i> | <i>MRI, scans and more</i> | <i>(+country code) 0864213579</i> |
| | | |
| | | |

7. Additional notes:

Please provide below any additional information regarding the stadium/hall or local medical service that may be of use to the visiting team



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None