



MINIMUM MEDICAL REQUIREMENTS

# Pre-match information provision

## UEFA pre-match information provision form

This form is designed to assist clubs/associations in their compliance with chapter 4, Article 15 of UEFA Medical Regulations – Pre-Match Information Provision for Minimum Medical Requirements. The form should be completed by the host club/association and must be sent to the visiting team's medical staff at least two weeks in advance of the match. A copy must also be sent to the appointed UEFA match delegate.

In this document you will find a mandatory section (1) and a recommended section (2). All items of section 1 must be completed and all items of section 2 should be completed.

The form aims to obtain the following information for visiting medical staff:



- Who are the appointed pitchside emergency medical staff at the hall/stadium? The visiting team doctor should be introduced to the pitchside emergency doctor and anyone else involved in the management and evacuation of serious medical cases
- Does the club/association have a written evacuation plan and is this known to all stadium/hall medical staff?

**Have you provided this?**

Yes

☐

- Where is the ambulance for players, referees and match officials located during the match and the MD-1 training session?
- How is the ambulance accessed from the pitch area and the medical room?

**Have you provided this?**

Yes

☐

- If a player is taken to hospital, where is the hospital located?
- Do all stadium/hall medical staff know the contact details of the emergency hospital?

**Have you provided this?**

Yes

☐

<b>Name of host team</b>	
<b>Name of stadium / hall</b>	

## Section 1: Mandatory items

### 1.1 Contact details

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

1.1a	<b>Pitchside emergency doctor</b>	<b>Name:</b>	
		<b>Mobile phone:</b>	
1.1b	<b>Stadium/hall medical coordinator</b> (If different to pitchside doctor)	<b>Name:</b>	
		<b>Mobile phone:</b>	
1.1c	<b>Nearest hospital with accident and emergency facilities</b>	<b>Name:</b>	
		<b>Address/ location:</b>	
		<b>Emergency telephone number:</b>	

## 1.2 Stadium map

Please attach to this document (either electronically or in paper form) a map of the stadium. 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**

## 1.3 Emergency evacuation plan

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

## Section 2: Recommended items

### 2.1 Contact details of stadium/hall medical staff

Please provide contact details for any senior medical staff who will be at the stadium/hall who are not listed in section 1.1 above:

2.1	Name	Position/role	Telephone number(s) /mobile phone

### 2.2 Contact details of local surgeons and their associated specialities

Please provide contact details and the medical specialities of any known local surgeons who may be available to treat common football injuries, if required by the visiting team:

2.2	Name	Position/role/speciality	Telephone number(s) /mobile phone

### 2.3 Name of host club/association representative

Please provide contact details of at least one representative from the host club/ association who could assist the visiting team with medical requirements once the team has left the host city

2.3	Name	Position/role	Telephone number(s) /mobile phone

## Section 3: Notes

### 3.1 Additional notes

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

### 3.2 Attachments

Please attach any relevant maps or diagrams to this document before sending to the visiting team and UEFA match delegate.



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