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# UEFA Medical Regulations

2022

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## Preamble

The following regulations have been adopted on the basis of Article 50(1) of the *UEFA Statutes*.

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# I General Provisions

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## Article 1 Scope of application

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- 1.01 These regulations apply whenever expressly referred to by specific regulations governing a competition to be played under the auspices of UEFA.
- 1.02 They govern:
- a. the medical examinations and tests that players must undergo in order to be eligible to participate in UEFA competitions (see [Chapter II](#));
  - b. the medical examinations and tests that match officials must undergo in order to be eligible to participate in UEFA competitions (see [Chapter III](#));
  - c. the minimum medical requirements to be fulfilled in UEFA competitions by the host club or association for the treatment of players, team officials, the referee team and match officers (see [Chapter IV](#)).

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## Article 2 Definitions

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- 2.01 For the purpose of these regulations, the following definitions apply:

### Advanced life support (ALS) ambulance

An ambulance equipped to provide the highest possible level of emergency medical care. As a minimum the ambulance must contain sufficient equipment for resuscitation, as well as equipment with which to manage life-threatening conditions.

### Automated external defibrillator (AED)

An automatic device designed to provide heart defibrillation through the delivery of shock rhythms via electrodes positioned on the patient's chest.

### Echocardiography

A diagnostic test that uses ultrasound waves to create an image of the heart muscle and reveal any abnormalities.

### Electrocardiogram (ECG)

A test to measure the electrical activity of the heart over a period of time, primarily used to detect heart disorders.

### Emergency medical bag

A receptacle that can easily be transported by one person and is large enough to hold all the required pitchside medical equipment.

### Medical room

A room in the match stadium/hall that is prepared and reserved for the medical treatment of players, team officials, the referee team and match officers.

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### Paramedic

A qualified medical official trained to provide ALS treatment as well as to recognise and manage life-threatening conditions.

### Pitchside emergency doctor

A physician trained to provide ALS treatment as well as to recognise and manage life-threatening conditions.

### Stadium/hall medical coordinator

The person with overall responsibility for the provision of medical services within a stadium/hall for a specific match, ideally with a medical background.

### Therapeutic use exemption (TUE)

An authorisation to use a substance or method that would otherwise be prohibited by the *World Anti-Doping Code*.

**2.02** In these regulations, the use of the masculine form refers equally to the feminine.



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## II Medical examination of players

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### Article 3 Implementation in UEFA competitions

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- 3.01 The examinations and tests set out in [Article 4](#), in [Paragraph 5.01](#) and in [Paragraph 6.01](#) are mandatory for all players participating in UEFA competitions.
- 3.02 The examinations and tests set out in [Paragraph 5.02](#), in [Paragraph 6.02](#), in [Article 7](#) and in [Article 8](#) are strongly recommended for all players participating in all stages of all UEFA competitions, but they are mandatory only for players participating in:
- a. the UEFA Champions League, UEFA Women's Champions League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Championship, UEFA Nations League, UEFA Super Cup, UEFA European Under-21 Championship and UEFA Youth League (i.e. the whole competition in each case, including any qualifying rounds);
  - b. the final rounds of the UEFA European Under-19 Championship, UEFA European Women's Under-19 Championship, UEFA European Under-17 Championship, UEFA European Women's Under-17 Championship, UEFA Futsal Champions League, UEFA European Futsal Championship, UEFA European Women's Futsal Championship, UEFA European Under-19 Futsal Championship and UEFA Regions' Cup.
- 3.03 All mandatory examinations and tests must be completed before the start of the competition and registered in the player's medical record. UEFA may at any time ask to be provided with the results of such medical examinations and/or tests.

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### Article 4 Medical records

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- 4.01 Every player must be in possession of a complete medical history that is updated at least annually and which must comply with the requirements set out in [Annex A.1](#).

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### Article 5 General medical examination

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- 5.01 A general physical examination must be conducted annually and must cover all medically relevant organ and function systems as set out in [Annex A.2.1](#).
- 5.02 Neurological baseline screening of brain functions must be conducted annually in accordance with the requirements set out in [Annex A.2.2](#).

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### Article 6 Special cardiological examinations

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- 6.01 A standard 12-lead electrocardiogram (ECG) must be performed annually.
- 6.02 An echocardiography and exercise stress ECG must be performed every two years.

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## **Article 7    Laboratory examinations**

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- 7.01    Comprehensive laboratory screening must be conducted with the informed consent of the player and in accordance with national legislation (on confidentiality, discrimination, etc.) including the relevant parameters as set out in [Annex A.3](#).

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## **Article 8    Orthopaedic examination and functional tests**

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- 8.01    A comprehensive orthopaedic examination must be conducted annually, including functional tests of the complete locomotor system.

### III Medical examination of match officials

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#### Article 9 Implementation in UEFA competitions

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- 9.01 The examinations and tests set out in [Article 4](#), in [Paragraph 5.01](#), [Paragraph 6.01](#), in [Article 7](#) and in [Article 8](#) are mandatory for all match officials participating in UEFA competitions and must be organised and conducted under the responsibility of the match official's member association.
- 9.02 All examinations and tests must be completed before the start of the season and registered in the match official's medical record. UEFA may at any time ask to be provided with the results of such medical examinations and/or tests.

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## IV Minimum medical requirements for players, team officials, the referee team and match officers

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### Article 10 General explanations

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- 10.01 The minimum medical requirements must be fulfilled by the host club/association in all UEFA competitions for the treatment of players, team officials, the referee team and match officers.
- 10.02 Every team must bring its own emergency medical bag, including a defibrillator, to all UEFA competitions, matches and training sessions.
- 10.03 Whenever medication set out in [Annex B](#) is required and is not allowed in a country, equivalent medication that performs the same function must be provided instead.

### Article 11 Pitchside medical equipment

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- 11.01 The medical equipment listed in [Annex B.1](#) must be available at pitchside, in an emergency medical bag distinct from the one required by [Paragraph 12.02](#), on matchday in all UEFA competitions and on matchday -1 in all UEFA competitions where the matchday -1 training sessions are held at the match stadium/hall.

### Article 12 Ambulance

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- 12.01 One fully equipped ALS ambulance, staffed by at least one paramedic and a driver, must be present for the sole use of the players, team officials, referee team and match officers:
- a. on matchday at the stadium/hall in all UEFA competitions;
  - b. for matchday -1 training sessions in the UEFA Champions League, UEFA Women's Champions League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Championship, UEFA Nations League, UEFA Super Cup and UEFA Youth League, and the final rounds of all UEFA competitions.
- 12.02 The ambulance must contain a fully equipped emergency medical bag containing a portable oxygen cylinder and an AED defibrillator and be positioned in an area that best permits quick egress from the pitch area and/or dressing rooms for emergency medical evacuation. It must be in position:
- a. 1.5 hours before the match starts until 1 hour after the end of the match;
  - b. 0.5 hours before the first matchday -1 training session until 0.5 hours after the end of the last training session.
- 12.03 The host club/association must confirm the location of the ambulance to the team doctors on their arrival at the stadium/hall.
- 12.04 For matchday -1 training sessions in competitions other than those listed in [Paragraph 12.01](#), the host club/association must ensure that an ALS ambulance,

staffed by at least one paramedic and a driver, is available at a suitable location to permit emergency medical evacuation from the venue without delay.

- 12.05 For all other training sessions held in connection with a UEFA match or tournament, the host club/association should ensure that an ALS ambulance, staffed by at least one paramedic and a driver, is available at a suitable location to permit emergency medical evacuation from the venue without delay.
- 12.06 Where ambulances are required at the stadium/hall, private ambulances should be used when public ones cannot be guaranteed, in order to secure the presence of the ambulance for the required duration.

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### Article 13 Medical staff

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- 13.01 The host club/association is responsible for ensuring that one pitchside emergency doctor and stretcher team are present and in position from at least the point at which the teams arrive at the stadium/hall and until their departure:
- a. on matchday in all UEFA competitions;
  - b. for matchday -1 training sessions held at the match stadium/hall in the UEFA Champions League, UEFA Women's Champions League, UEFA Europa League, UEFA Europa Conference League, UEFA European Football Championship, UEFA European Women's Championship, UEFA Nations League, UEFA Super Cup and UEFA Youth League, and in the final rounds of all UEFA competitions where the matchday -1 training sessions are held at the match stadium/hall.
- 13.02 The pitchside emergency doctor must have a good knowledge of English or must speak the language of the visiting team.
- 13.03 The pitchside emergency doctor:
- a. performs the role of medical coordinator for the stadium/hall unless a specific medical coordinator is also provided;
  - b. is responsible for ensuring that the required pitchside medical equipment is present;
  - c. is responsible for the emergency treatment of players, team officials, the referee team and match officers only;
  - d. must arrive at the stadium/hall in enough time to prepare the equipment and medical services so that they are available and operational from when the teams arrive at the venue until their departure;
  - e. must know medical plan of the stadium/hall and the local medical infrastructure;
  - f. must be familiar before the match/training session with the specific types/brands of equipment provided, such as the defibrillator and airway and breathing equipment.
- 13.04 The pitchside emergency doctor role can be performed by the home team doctor in exceptional cases, provided that the home team doctor:
- a. is trained to provide ALS treatment as well as to recognise and manage life-threatening conditions; and

- b. can be replaced in his function by another team doctor with the same level of qualification to facilitate emergency medical evacuation from the stadium/hall.

- 13.05** A stretcher team must be composed of at least two trained carriers, who must:
- a. have a recognised first aid qualification;
  - b. have previous stretcher-carrying experience;
  - c. be physically fit enough to safely transport an injured player or official on the stretcher.

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## **Article 14 Emergency medical room and equipment**

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- 14.01** An emergency medical room must be provided for all matches in UEFA competitions. This medical room must be located close to the dressing rooms (on the same level) and must comply with the medical equipment requirements set out in [Annex B.2](#).

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## **Article 15 Pre-match information provision**

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- 15.01** The following information must be sent by the host club/association to the visiting team's medical staff and to the UEFA match delegate at least two weeks before a match:
- a. Contact details of the host club/association and stadium/hall medical staff, including at least:
    - i. the name and mobile telephone number of the pitchside emergency doctor;
    - ii. the name and mobile telephone number of the stadium/hall medical coordinator (if different from pitchside emergency doctor);
  - b. A stadium/hall map, clearly identifying:
    - i. the location of the ambulance for the sole use of players, team officials, the referee team and match officers;
    - ii. the emergency exit point from the pitch, tunnel and dressing room areas to the ambulance;
    - iii. the location of the medical room;
  - c. Details of the emergency evacuation plan for serious injuries occurring in the pitch area on matchday (and matchday -1 where applicable);
  - d. Contact details and address/location of the nearest hospital with accident and emergency facilities;
  - e. Emergency contact names and phone numbers for all stadium/hall medical staff;
  - f. Contact details of local surgeons and their associated specialisations;
  - g. Contact details of one representative of the host club/association who would be available to assist the visiting club/association with medical requirements once the team has left the host city (for example, if a visiting doctor had to remain with an injured player).

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## Article 16 Pre-tournament information provision

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- 16.01 The host club/association must provide the UEFA match delegate, at least two weeks before the first match in any tournament, with the name and contact details of the tournament doctor, who must be:
- a. a fluent English-speaker;
  - b. accommodated at the tournament headquarters or in the neighbourhood of the tournament for its duration;
  - c. available 24 hours a day, 7 days a week, from the date of the first team's arrival until the date of the last team's departure.
- 16.02 A detailed plan must be issued to UEFA at least three months in advance of the tournament, providing information on the following for matches, training sessions, hotels and team excursions:
- a. How medical incidents will be managed, including:
    - i. medical communication procedures between tournament medical staff and treatment facilities;
    - ii. responsibilities of key medical personnel at the tournament;
    - iii. emergency evacuation plans;
  - b. Confirmation that teams will receive expedient treatment at all identified medical facilities, 24/7 (where applicable) for the duration of the tournament;
  - c. Names, locations, addresses and medical specialisations of all identified treatment facilities, including emergency treatment facilities for all stadiums/halls used in the tournament;
  - d. Procedures for importing medication into the host country (if applicable);
  - e. Host country immunisation status and requirements (if applicable);
  - f. Confirmation of all medical equipment to be provided at stadiums/halls;
  - g. Named contacts at all identified medical facilities, including at least one English-speaking contact at each facility;
  - h. Procedures for payment of medical services by the visiting associations;
  - i. Details of the medical equipment provided at tournament hotels and training grounds.

## V Final Provisions

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### Article 17 Disciplinary procedures

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- 17.01 Any breach of these regulations may be penalised by UEFA in accordance with the *UEFA Disciplinary Regulations*.

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### Article 18 Authoritative version

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- 18.01 If there is any discrepancy in the interpretation of the English, French or German versions of these regulations, the English version prevails.

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### Article 19 Adoption and entry into force

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- 19.01 These regulations were adopted by the UEFA Executive Committee on 16 December 2021 and come into force on 1 July 2022.

For the UEFA Executive Committee:

Aleksander Čeferin  
President

Theodore Theodoridis  
General Secretary

Nyon, 16 December 2021



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## Annex A Medical examinations

### A.1 Medical records

A.1.1 A player's medical record must include the following information:

- a. History of any of the following medical conditions in the player's immediate family (i.e. parents or siblings):
  - hypertension, stroke;
  - heart conditions including sudden cardiac death;
  - vascular problems including varicose veins and deep venous thrombosis;
  - diabetes;
  - allergies, asthma;
  - cancer, blood diseases;
  - chronic joint or muscle problems;
  - hormonal problems;
- b. The player's complete medical history, indicating whether the player has ever suffered any of the following:
  - heart problems, arrhythmia, syncope;
  - concussion;
  - allergies, asthma;
  - recurrent infections;
  - other major diseases;
  - major injuries causing surgery, hospitalisation and/or absence from football of more than one month;
- c. Details of complaints currently suffered by the player, including any of the following:
  - general (muscle or joint) pain;
  - chest pain, dyspnoea, palpitation, arrhythmia;
  - dizziness, syncope;
  - flu-like symptoms including coughing and expectoration;
  - loss of appetite, weight loss;
  - sleeplessness;
  - gastrointestinal upset;
- d. Details of any medication 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.

### A.2 General medical examinations

A.2.1 The general physical examination must cover the following:

- a. height
- b. weight
- c. blood pressure

- d. head and neck (including eyes, nose, ears, teeth, throat and thyroid gland)
- e. lymph nodes
- f. chest and lungs (inspection, auscultation, percussion, and inspiratory and expiratory chest expansion)
- g. heart (sounds, murmurs, pulse and arrhythmias)
- h. abdomen (including any hernias or scars)
- i. blood vessels (e.g. peripheral pulses, vascular murmurs and varicose veins)
- j. skin (general inspection)
- k. nervous system (e.g. reflexes and sensory abnormalities)
- l. motor system (e.g. weakness or atrophy).

**A.2.2** A neurological baseline test is a non-invasive screening of brain functions, to be conducted before the start of the season. It should cover all clinical domains that might possibly be affected by a concussion. Suitable tests can be clinical or device-based and include but are not limited to: SCAT (in the latest version applicable), VOMS, neuropsychological tests (guided by a neuropsychologist and/or computer system such as CNS Vital Signs or IMPACT, among others) and neurophysiological tests including investigations of the oculomotor and vestibulo-ocular system (e.g. vestibulo-ocular reflex, dynamic visual acuity and/or other standardised tests).

### **A.3 Laboratory examinations**

**A.3.1** Laboratory screening must include the following parameters:

- a. blood tests (at least blood count, creatinine, sodium, potassium, CRP, glucose)
- b. urine tests
- c. sickle cell trait test (must only be conducted once, and only on players with an increased prevalence of genetic disorder and in players with abnormal blood count).

## Annex B Medical equipment

### B.1 Pitchside medical equipment

In order for the relevant UEFA competition match to take place, one AED, one bag valve mask and one spinal board must be available at pitchside on matchday in all UEFA competitions and on matchday -1 in all UEFA competitions where teams train at the same match stadium/hall as the matchday stadium/hall.

Additionally, the following equipment must be available as follows:

	Pitchside medical equipment	Mandatory	Recommended
Airways	Handheld suction	✓	
	Laryngeal mask airway	✓	
	Oropharyngeal airway	✓	
	Nasopharyngeal airway	✓	
	Lubricant		✓
	Intubation equipment		✓
Breathing	Oxygen/trauma mask	✓	
	Pulse oximeter	✓	
	Stethoscope	✓	
	Pocket mask		✓
	Spacer for bronchodilators		✓
	Portable oxygen cylinder(s)	1 is mandatory	2 are recommended
Circulation	IV cannula, various sizes	✓	
	Tourniquet	✓	
	Adhesive fixing materials	✓	
	Intravenous infusion equipment	✓	
	Intravenous fluid (1000ml)	✓	

	BP monitor with appropriate cuff	✓	
	Strong scissors	✓	
	Disposable gloves	✓	
	Intraosseous access device		✓
Medication	Adrenaline (injectable)	✓	
	Benzodiazepines (PR/IV)	✓	
	Anapen or similar		✓
	Glucose tablets/gel	✓	
	Amiodarone (injectable)	✓	
	Bronchodilators (inhalation)	✓	
	Glyceryl trinitrate (GTN)	✓	
	Glucagon		✓
	Antiemetic		✓
	Antihistamine		✓
	Dexamethasone (injectable)	✓	
	Hydrocortisone		✓
	S-ketamine or similar analgesia		✓
Extraction	Head blocks/hard collar	✓	
	Box splint/vacuum splint	✓	
	Privacy curtains or similar	✓	
	Basket stretcher		✓

## B.2 Medical room equipment

	Medical room equipment	Mandatory	Recommended
General	Examination and treatment table	✓	
	Two chairs		✓
	Running water		✓
	Toilet		✓
Breathing	Oxygen cylinder	✓	
	Intubation equipment	✓	
	Surgical airway equipment		✓
	Nebuliser mask	✓	
	Pulse oximeter	✓	
	Stethoscope	✓	
	Spacer for bronchodilators		✓
Circulation	Defibrillator/AED	✓	
	IV cannula, various sizes	✓	
	Tourniquet	✓	
	Adhesive fixing materials	✓	
	Intravenous infusion equipment	✓	
	Intravenous fluid (1000ml)	✓	
	Intraosseous access device		✓
	BP monitor with appropriate cuff	✓	
	Blood sugar gauge	✓	

	Monitoring unit (at least 1 channel ECG)		✓
Personal protection	Sharps box	✓	
	Protective goggles		✓
Medication	Bronchodilators	✓	
	Antihistamine	✓	
	Hydrocortisone	✓	
	Dexamethasone	✓	
	Glyceryl trinitrate (GTN)	✓	
	Glucagon or equivalent		✓
	Antiemetic	✓	
	S-ketamine or similar analgesia	✓	
Wound care	Suture filaments >3 sizes	✓	
	Suture packs/instruments	✓	
	Sharps box	✓	
	Gloves	✓	
	Bandages	✓	
	Dressing packs	✓	
	Local anaesthetics	✓	
	Syringes	✓	
	Needles	✓	
	Nasal tampons		✓

	Wound cleaning solution	✓	
Additional items	Urine rapid analysis dipsticks	✓	
	Tooth transport container		✓
	Ice and plastic bags	✓	
	Hand gel		✓
	Otoscope		✓
	Ophthalmoscope		✓
	Foil blankets or equivalent		✓
	Copy of WADA Prohibited List	✓	
	Penlight	✓	
	Tongue depressors		✓
	Strong scissors	✓	

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