



To the participating member associations
of the UEFA EURO 2024™

Zurich, 24 May 2024

**UEFA EURO 2024™ and FIFA Club Protection Programme
“Existing injury” exclusion and special procedure**

Dear national team doctor,

As you are aware, all clubs whose players are participating in the **UEFA EURO 2024™** are eligible for cover under the FIFA Club Protection Programme (CPP), full details of which can be found in the Technical Bulletin on www.fifa.com.

As you may know, existing injuries are **NOT** covered. For the sake of clarity, an existing injury is a physical injury caused by an accidental incident, degeneration or degenerative condition for which the football player is under medical treatment from a healthcare practitioner when the operative time commences, i.e. when the player joins the national team.

If a player has fully recovered from an existing injury and is no longer receiving any medical treatment during the operative time/release period, there is a specific reinclusion protocol that has been agreed for the UEFA EURO 2024™ and that must be complied with to allow full programme benefits to apply in respect of the specific injury that was being treated. This reinclusion protocol will apply as part of the FIFA CPP between 1 June 2024 and 14 July 2024 inclusive.

The protocol is as follows:

1. If a player suffering from an existing injury is considered to have fully recovered and is fit to resume full team training and/or play a match, the following information needs to be provided:
 - a. The “Fitness for duty/end of medical treatment” form (see Annexe 1 of the CPP Technical Bulletin attached to this letter) must be fully and legibly completed in English.
 - b. The necessary medical documents must be provided, i.e. actual X-ray images, MRI images and CT images and accompanying reports proving that the original injury has fully healed.

2. The "Fitness for duty/end of medical treatment" form must be signed by both the national team doctor and the club doctor.
3. All documents must be sent to FIFA@miller-insurance.com.

Within 24 hours of receipt of the fully completed "Fitness for duty/end of medical treatment" form including images and reports, Miller will decline, seek further clarification about and/or confirm that the existing injury originally notified has been accepted and included as covered under the programme should there be a further injury to that part of the body previously affected.

UNLESS THE ABOVE PROTOCOL IS FOLLOWED AND THE NECESSARY INFORMATION IS RECEIVED, COVER WILL NOT BE PROVIDED FOR THE PART OF THE BODY THAT IS THE SUBJECT OF THE EXISTING INJURY.

Should you require any clarification in respect of the procedure, we recommend that you seek guidance in advance from the programme administrator, Miller, who can be contacted at FIFA@miller-insurance.com.

Yours sincerely,

FÉDÉRATION INTERNATIONALE
DE FOOTBALL ASSOCIATION



Mattias Grafström
Secretary General

Encl.: Fitness for duty/end of medical treatment

Fitness for duty/end of medical treatment form
 No cover given until receipt of written confirmation from
 the programme administrators

Fitness for duty/end of medical treatment form	
IMPORTANT NOTICE	
<p>All questions must be answered to enable Cleveland Clinic to undertake a medical review on behalf of the programme administrators, Miller.</p> <p>Completing and signing this form does not bind the programme administrators to decide that cover should be provided. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).</p> <p>Every question must be answered fully, correctly and in legible English language.</p> <p>All supporting up-to-date objective medical evidence (MRI report and image, X-ray report and image, CT report and image) must be provided in legible quality as well. All reports are to be provided in legible English language.</p> <p>This form must be sent, signed and dated, by e-mail message to: E-mail: FIFA@miller-insurance.com including up-to-date objective medical evidence (MRI report and image, X-ray report and image, CT report and image)</p> <p>Any existing injury exclusion shall apply until such time as this form is received from the football club or national association, including up-to-date objective medical evidence (MRI report and image, X-ray report and image, CT report and image), and reviewed at the programme administrators' discretion, and accepted and confirmed in writing.</p>	
1. Football player's name and date of birth	
2. Football player's club	
3. Date on which football player joined national association squad	/ / DD MM YYYY
4. Reason of medical or physical conditions that required medical treatment ¹ on the date the player joined the national association squad	Please provide details of injury/medical treatment:
5. On what date was the player fit and able to train and play with the national association squad without any medical treatment?	/ / DD MM YYYY
6. Do you confirm that the above-named player is fit and able to train and play with the national association squad without any medical treatment?	YES <input type="checkbox"/> Please provide up-to-date objective medical evidence: - MRI report and image - X-ray report and image - CT report and image

¹“Medical treatment” means the treatment or medication given to a football player by a health care practitioner for the reason of a physical injury caused by an accidental incident or degeneration or degenerative condition at the commencement of the “operative time” unless the medication or treatment is given to a football player to improve his physical condition and general health.

Fitness for duty/end of medical treatment form
 No cover given until receipt of written confirmation from

the programme administrators

DECLARATION: We confirm, on behalf of the football club, national association and the player, that: (i) the information contained in this form and on pages attached to this form is to the best of our knowledge and belief true and accurate in every respect and that no relevant details have been omitted; and (ii) the football club and the national association may store and process such information for the purposes of administering any potential loss, and may share such information with appropriate third parties, including Miller and Cleveland Clinic, on their behalf for such purpose.			
Name of national association contact person			
Address			
Telephone/fax			
E-mail			
	Full name	Signature	Date
Team doctor of national association			
Team doctor of football player's club			

FOOTBALL PLAYER CONSENT
For disclosure and use of personal information

Football player's name	
Football player's date of birth	
Name of registered football club	

I agree and acknowledge that the personal information I provide will be used for the assessment of the certification of fitness/end of medical treatment required under the FIFA Club Protection Programme.

I consent to the following information being provided to Cleveland Clinic, 24 Portland Place, London, W1B 1LU and to such sub-processing of such information, by the programme administrators, Miller, affiliated entities and/or third-party experts (including medical or legal experts), as is necessary to handle the assessment:

1. All relevant medical records relating to the previous injury sustained and for which cover is sought under the policy, including but not limited to an initial medical certificate from the team doctor, hospital reports, emergency ward reports, X-rays/nuclear magnetic resonance tests/scans and other medical documentation.
2. Documentation relating to all follow-up visits, treatment and discharge, including but not limited to health care practitioners' records and reports on examinations, investigations and treatment and X-rays/nuclear resonance tests/scans.

Fitness for duty/end of medical treatment form

No cover given until receipt of written confirmation from
the programme administrators

3. The provision of information concerning my medical history.

I also consent to this information being collected by or passed to, whether within the European Economic Area or otherwise, any

affiliated entities of the programme: the programme administrators and any approved experts (including medical or legal experts) to assist with the assessment of the claim, all of whom will agree to preserve the confidentiality of the personal information.

I confirm that the purpose of this consent form has been fully explained to me. I have had the opportunity to ask questions about the above and any questions I had have been answered to my satisfaction.

Signature of football player

Date