



UEFA Medical Regulations

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Edition 2025

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Preamble

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

I General Provisions

Article 1 Scope of application

- 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. match-related medical provisions (see [Chapter IV](#));
 - d. the minimum medical requirements to be fulfilled in UEFA competitions by the host for the treatment of players, team officials, referee team and match officers (see [Chapter V](#)).

Article 2 Definitions

- 2.01 In these regulations, the use of the masculine form refers equally to the feminine.
- 2.02 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)

A portable, easy-to-use medical device that can analyse the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm.

Concussion Charter

A pledge drawn up by the UEFA Medical Committee and signed by the team doctor, head coach and team representative of every club or national team that qualifies for a UEFA competition, with the aim of reinforcing the importance of good practice in concussion recognition and management, highlighting the concussion procedures to be followed at all UEFA matches and promoting the education of players, coaches and staff about concussion and the procedures in force at UEFA games.

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.

Host

The club, national association or other entity hosting a UEFA match or competition.

Match official

A referee or other match official as defined in the IFAB Laws of the Game and the FIFA Futsal Laws of the Game respectively.

Medical room

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

Paramedic

A qualified medical technician, nurse or equivalent (as recognised in the country) trained to provide ALS treatment and to recognise and manage life-threatening conditions.

Pitchside emergency doctor

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

Referee team

The group of match officials appointed to officiate at a specific match.

Senior competition

The highest level of competition, where no age restrictions apply.

Stadium/hall medical coordinator

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

II Medical examination of players

Article 3 Implementation in UEFA competitions

- 3.01 The examinations and tests set out in [Article 4](#), in [Paragraph 5.01](#) and in [Annex A.2.3](#) are mandatory for all players participating in UEFA competitions.
- 3.02 The examinations and tests set out in [Paragraph 5.02](#), in [Annex A.2.4](#), in [Article 6](#) and in [Article 7](#) are mandatory for all players participating in all stages of all UEFA competitions except for the qualifying rounds of futsal competitions, youth national team football competitions and the UEFA Regions' Cup, where they remain strongly recommended.
- 3.03 All mandatory examinations and tests must be completed before the player is first registered to compete in the relevant UEFA competition and the results must be included 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.

Article 4 Medical records

- 4.01 Every player must be in possession of a complete medical history that is updated at least annually and complies with the requirements set out in [Annex A.1](#).
- 4.02 Medical records must be kept up to date throughout the season and remain in the player's possession. It is the duty of the team doctor to record all medication administered to a player and enter the information in the player's medical record.

Article 5 Medical examination

- 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](#).
- 5.03 Special cardiological examinations must be conducted as set out in [Annex A.2.3](#), in [Annex A.2.4](#) and in [Annex A.2.5](#).
- 5.04 A symptom-limited exercise ECG is strongly recommended as part of the pre-competition medical examination of all players over the age of 35. Any findings indicative of cardiac disease, especially coronary artery disease, should be followed up by the player's medical team.

Article 6 Laboratory examinations

- 6.01 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](#).

Article 7 Orthopaedic examination and functional tests

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

III Medical examination of match officials

Article 8 Implementation in UEFA competitions

- 8.01 The medical records, examinations and tests set out in [Article 4](#), in [Paragraph 5.01](#), in [Paragraph 5.03](#), in [Article 6](#) and in [Article 7](#) are mandatory for all match officials participating in UEFA competitions and must be organised and conducted under the responsibility of the match official's national association.
- 8.02 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 for confirmation from the relevant national association that all examinations and tests have been completed.
- 8.03 A symptom-limited exercise ECG is strongly recommended as part of the pre-competition medical examination of all match officials over the age of 35. Any findings indicative of cardiac disease, especially coronary artery disease, should be followed up by the match official's local medical team.

IV Match-related medical provisions

Article 9 Team doctor duties

- 9.01 Every team must appoint at least one team doctor who is responsible for providing medical support to their team during all training and matches. The team doctor must:
- a. hold a valid medical licence to perform as a doctor, issued by the competent authorities;
 - b. sit on the team bench during all of the team's matches and be present at pitchside during any matchday -1 training sessions;
 - c. bring a medical bag, including an AED, to all of the team's matches and training sessions.

Article 10 Concussion Charter

- 10.01 The president/CEO, head coach and team doctor of every team that qualifies for a UEFA competition must sign and implement the UEFA Concussion Charter ([Annex C](#)).

Article 11 Cooling and drinks breaks

- 11.01 For all UEFA competitions, cooling/drinking breaks may be implemented if high temperatures are expected as set out in [Annex D](#).

V Minimum medical requirements to be fulfilled by the host for players, team officials, the referee team and match officers

Article 12 General provisions

- 12.01 The minimum medical requirements stipulated in this chapter for the treatment of players, team officials, the referee team and match officers must be fulfilled by the hosts in all UEFA competitions, until the final tournament or final, for which specific medical requirements are produced and shared by the UEFA administration ahead of the relevant tournament/match.
- 12.02 Whenever medication set out in [Annex B](#) is required and not allowed in the country of a match, the host must provide a valid substitute medication.
- 12.03 All the items listed in [Annex B](#) must be provided by the host and in place in the stadium/hall on matchday -1 and matchday. The match delegate will verify that the minimum medical requirements have been fulfilled by 60 minutes before the first team's matchday -1 training session and between 120 minutes and 90 minutes before kick-off on matchday. The stadium/hall medical coordinator must be available on both days, to accompany the UEFA match delegate during these inspections. Even if no matchday -1 training session is held at the match stadium/hall, the stadium/hall medical coordinator is strongly encouraged to organise a matchday -1 inspection with the delegate to ensure that everything is in place for matchday.
- 12.04 If the referee team trains at the match stadium/hall on matchday -1 in competitions listed in [Paragraph 14.01b](#)) and [Paragraph 15.02b](#)), the host must ensure there is a medical doctor present with the pitchside emergency equipment listed in [Annex B.1](#), even if the teams are not training at the match stadium/hall or not at the same time.
- 12.05 If UEFA or the host decide that a planned matchday -1 training session in one of the competitions listed in [Paragraph 14.01b](#)) and [Paragraph 15.02b](#)) will be relocated to a venue other than the match stadium/hall, for reasons of pitch quality or for any other reason, the host is responsible for ensuring that the same level of medical services is provided and the same minimum medical requirements are met at the alternative venue.
- 12.06 If a team plans to hold their matchday -1 training session, or any other training session on the days before or after the match, at a venue other than the match stadium/hall, it is the team's own responsibility to ensure the appropriate medical care.

Article 13 Pitchside medical equipment

- 13.01 The medical equipment listed in [Annex B.1](#) and an emergency medical bag distinct from the one required by [Paragraph 14.02](#) must be available at pitchside for matchday-1 training sessions and on matchday.

Article 14 Ambulance

- 14.01 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 the teams' matchday -1 training sessions in all senior football competitions, with the exception of the Regions' Cup.
- 14.02 The ambulance must contain a fully equipped emergency medical bag containing a portable oxygen cylinder and an AED defibrillator distinct from the ones included in the pitchside medical equipment. It must be positioned in an area that best permits quick egress from the pitch area and/or dressing rooms in an emergency. It must be in position:
- a. 2 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 (where applicable in accordance with [Paragraph 14.01b](#)).
- 14.03 The host must confirm the location of the ambulance to the team doctors on their arrival at the stadium/hall.
- 14.04 For matchday -1 training sessions in competitions other than those listed in [Paragraph 14.01b](#)), the host must ensure that an ambulance staffed with at least one paramedic and a driver is available within 15 minutes of the training venue in order to ensure emergency medical evacuation without delay. If this cannot be guaranteed, an ALS ambulance must be present on-site.
- 14.05 For all other training sessions held in connection with a UEFA match or tournament, the host 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.
- 14.06 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.

Article 15 Medical staff

- 15.01** The stadium/hall medical coordinator is the person in overall charge of medical services at the stadium/hall. They must:
- organise the pitchside emergency briefing with the pitchside emergency doctor and both team doctors before the match, under the supervision of the match delegate. This meeting should take place 60 minutes before kick-off. The pitchside emergency briefing may also be held during the matchday-1 training sessions, provided that the same pitchside emergency doctor will be present on matchday. All pitch emergency procedures and roles/responsibilities should be agreed at this meeting, including the emergency evacuation route.
 - organise the inspections as described under [Paragraph 12.03](#).
- 15.02** The host is responsible for ensuring that one pitchside emergency doctor and stretcher team are present and in position at the latest from the time the teams arrive at the stadium/hall, until their departure:
- on matchday in all UEFA competitions;
 - for teams' matchday -1 training sessions in all senior football competitions, with the exception of the Regions' Cup.
- 15.03** The pitchside emergency doctor must have a good knowledge of English or must speak the languages of both teams.
- 15.04** The pitchside emergency doctor:
- is responsible for checking that the required pitchside medical equipment is present;
 - is responsible for the emergency treatment of the players, team officials, referee team and match officers only;
 - 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;
 - must be familiar with medical plan of the stadium/hall and the local medical infrastructure;
 - 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.
- 15.05** The pitchside emergency doctor role may be performed by one of the team doctors only in very exceptional cases and with the prior approval of UEFA's chief medical officer or medical unit, and the agreement of both teams. Team doctors performing the role of pitchside emergency doctor must be trained to provide ALS treatment and to recognise and manage life-threatening conditions.
- 15.06** The stretcher team must be composed of at least two trained carriers, who must:
- have a recognised first-aid qualification;
 - have previous stretcher-carrying experience;

- c. be physically fit enough to safely transport an injured player or official on the stretcher.

Article 16 Emergency medical room and equipment

- 16.01 An emergency medical room must be provided for all matches in UEFA competitions. This medical room must be easily accessible from the pitch and the players' dressing rooms and must comply with the medical equipment requirements set out in [Annex B.2](#).

Article 17 Pre-match information provision

- 17.01 The following information must be sent by the host to the visiting team's medical staff and to the UEFA match delegate at least two weeks before a match. Exceptionally, if the information is not available, for example because of the timing of the draw, it must be sent to the visiting team and the UEFA match delegate no later than two days before the visiting team's travel day.
- a. Contact details of the host and stadium/hall medical staff, including at least the name and mobile telephone number of the stadium/hall medical coordinator.
 - 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. Contact details of local surgeons and their associated specialisations;
 - f. Contact details of one representative of the host who would be available to assist the visiting team with medical requirements once the team has left the host city, for example if a visiting doctor had to remain with an injured player.

Article 18 Pre-tournament information provision

- 18.01 The host 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.

-
- 18.02** 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. Procedures for payment of medical services by the visiting teams;
 - h. Details of the medical equipment provided at tournament hotels and training grounds/halls.

VI Final provisions

Article 19 Disciplinary procedures

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

Article 20 Authoritative version

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

Article 21 Annexes

- 21.01 All annexes form an integral part of these regulations. The UEFA Medical Committee is empowered by the UEFA Executive Committee to amend these annexes at any time, based on the most recent medical and scientific evidence.

Article 22 Adoption and entry into force

- 22.01 These regulations were adopted by the UEFA Executive Committee on 16 December 2024 and come into force on 1 January 2025.

For the UEFA Executive Committee:

Aleksander Čeferin
President

Theodore Theodoridis
General Secretary

Lausanne, 16 December 2024

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, hyperlipidemia;
 - heart conditions, including sudden cardiac death;
 - vascular problems, including varicose veins and deep venous thrombosis;
 - diabetes;
 - allergies, asthma;
 - cancer, blood diseases/disorder;
 - chronic joint problems;
 - hormonal diseases/disorders;
 - mental health disorders, especially depression.
- b. The player's complete medical history, indicating whether the player has ever suffered any major diseases and any of the following:
 - heart problems, arrhythmia/palpitations, syncope;
 - head injury/concussion;
 - allergies, asthma;
 - recurrent infections;
 - major injuries causing surgery, hospitalisation and/or absence from football of more than one month.
- c. Details of complaints suffered by the player at the time of questioning, including any of the following:
 - general (muscle or joint) pain;
 - chest pain, dyspnoea, palpitation, arrhythmia;
 - dizziness, syncope;
 - loss of appetite, weight loss;
 - mental health disorders, especially depression;
 - sleep disorders.
- 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 in supine position
- 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. Ideally, baseline tests should be multimodal and include a focused medical history (including history of previous concussion and/or relevant co-morbidities), clinical assessment (e.g. based on the most up to date SCAT) and neurocognitive testing. Suitable tests may be clinical or device-based and may 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 test).

A.2.3 A standard 12-lead electrocardiogram (ECG) must be performed annually.

A.2.4 An echocardiography must be performed every two years.

A.2.5 An exercise stress ECG is recommended every two years.

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

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 match stadium/hall. If any of these items are missing, the UEFA match delegate cannot allow the match to start.

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)	✓	
Circulation	IV cannula, various sizes	✓	
	Tourniquet	✓	
	Adhesive fixing materials	✓	
	Intravenous infusion equipment	✓	
	Intravenous fluid (1,000ml)	✓	

	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 or equivalent (injectable)	✓	
	Hydrocortisone		✓
	Strong analgesia (e.g. S-Ketamin, Pentrox or similar)		✓
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	✓	
	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	✓

Annex C Concussion Charter

The players' health and safety is of vital importance to UEFA and the teams taking part in its competitions: The present concussion charter was drawn up by the UEFA Medical Committee to safeguard the players' health and, as the team representative, head coach and team doctor, we commit to the following guidelines.

Baseline screening

Baseline tests are helpful in the initial assessment, but even more so in the return-to-play process. As stated in the *UEFA Medical Regulations*, where baseline tests are a mandatory part of the pre-competition medical examination, they will be conducted on all our teams' players. It is recommended that teams allocate sufficient time for baseline screening in the weeks before the season and/or respective UEFA competition begins.

Medical review system

To enable immediate and informed injury assessments, all teams are strongly encouraged to employ a medical video review system at their stadiums/halls. UEFA will facilitate the installation of the system with the host broadcaster. Home teams using a medical review system should offer the visiting team the same system, at cost price, though the visiting team will be liable for any technical fees.

When UEFA provides a medical video review system, all team doctors will be briefed on how to use it.

Education for players and staff

Before the start of the UEFA competition, the team doctor will brief players, coaches and staff on matchday concussion protocol.

- a. In the event of a suspected concussion, the referee will stop the game to allow the injured player to be assessed by the team doctor. Players should remain calm during the situation and not interfere with the assessment.
- b. This screening is intended to facilitate the principle of "recognise and remove".
- c. The screening should not take more than three minutes, unless a serious incident requires the player to be treated on the field of play or immobilised on the field for immediate transfer to hospital.
- d. If the decision cannot be made after the three minutes or any suspicion of concussion exists, the player should not be allowed to continue playing.
- e. A player suffering a head injury that requires appropriate assessment for a potential concussion should be removed from the field and undergo further multimodal evaluation.
- f. A player may only continue playing once the team doctor confirms with the coach and the referee that the player is fit to do so.
- g. The decision remains entirely with the team doctor. Coaches, referees and players are not allowed to interfere in the assessment and decision of the team doctor.

During the education session, the team doctor will explain and present to our players, coaches and staff the video developed for the UEFA concussion awareness campaign, which is available upon request from medical@uefa.ch.

The team doctor may also present the UEFA concussion awareness poster that can be downloaded from TIME (medical documents section).

[Return to play or training](#)

In the event of a head injury or suspected concussion during the season and/or UEFA competition, before the player is allowed to train or play the team doctor should inform UEFA in writing that the player:

- has undergone a comprehensive, multimodal evaluation by a medical doctor;
- has passed each of the steps set out in the Graduated Return to Play Protocol referred to in the UEFA Football Doctor Education Programme manual or equivalent tool and is fit for training/competition.

[Pledge](#)

As the team representative, head coach and team doctor, we fully support UEFA's guidance on how to recognise and manage a concussion from the time of injury through to the safe return to football.

We hereby confirm that if a concussion is suspected, whether during training or a match, the player will be immediately removed from the pitch.

We agree to take the necessary steps to comply with the present charter. We fully support the UEFA concussion awareness campaign and will organise an education session for all the players, coaches and staff of our team.

Team name:

Team representative (specify function):

Head coach:

Team doctor:

Annex D Cooling and drinks breaks

For all UEFA competitions, cooling/drinks breaks may be implemented if high temperatures are expected. In such cases, the UEFA match delegate will take the temperature using ideally a digital wet bulb globe temperature (WBGT) thermometer or in exceptional circumstances a similar device, such as a normal thermometer, at head-height at least one metre inside the pitch. This measurement should be taken at the end of the teams' warm-up. If the temperature exceeds 28C WBGT / 30C for youth competitions, or 32C WBGT / 35C for senior competitions, cooling breaks will be implemented by the UEFA match delegate and/or the referee, as per Law 7 of the *IFAB Laws of the Game*. Any other drinks breaks when the temperature is below those thresholds remain at the discretion of the referee.



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WE CARE ABOUT FOOTBALL
