

# Team Tryouts Pre-Season Athlete Health Questionnaire

Athlete Name

Date of Birth

Grade/Year

Guardian/Emergency Contact

## Medical History

Have you ever been hospitalized for any reason?

☐ Yes

☐ No

Have you had any surgeries?

☐ Yes

☐ No

Current medical conditions (asthma, diabetes, etc.)

List any allergies

Are you currently taking any medications?

☐ Yes

☐ No

## Injury History

Have you had any injuries in the past year?

☐ Yes

☐ No

Concussion history

☐ Yes

☐ No

## Other Information

Physician's Name

Physician's Phone

Any additional information we should know?