

Football Tryout Player Health Checklist

Player Name

Date of Birth

Emergency Contact Name

Emergency Contact Phone

Health Screening

☐

Fever or chills recently

☐

Cough/shortness of breath

☐

Recent injury or illness

☐

History of concussion

☐

Asthma or breathing problems

☐

Chest pain or heart condition

☐

Recent hospitalization or surgery

☐

Allergies (food, medication, etc.)

☐

Other medical conditions

If yes to any above, please explain

Current Medications

Physician Information

Physician Name

Physician Phone

Parent/Guardian Signature

Date

Player Signature

Date