

Youth Soccer Player Health Declaration Form

Player Name:

Date of Birth:

Team Name:

Parent/Guardian Name:

Recent Health Status

Has the player experienced any of the following symptoms in the past 14 days?

- ☐ Fever ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐ Loss of smell or taste
☐ None of the above

Has the player been in contact with anyone diagnosed with a contagious illness in the past 14 days?

Does the player have any chronic medical conditions or allergies?

List any current medications the player is taking:

Any recent injuries or surgeries?

Emergency Contact Information

Emergency Contact Name:

Emergency Contact Phone:

Parent/Guardian Signature

Date

