



Medical Examination of Player Before Season 2022

Name: _____ Date of Birth _____

Address: _____

Telephone: _____ Club/Team: _____

Please fill in these questions:

Do you have a disease? _____ Which? _____

Do you take medication? _____ What kind and dose? _____

Have you had high blood pressure? _____ Heart trouble? _____

Thrombosis? _____ Other disease of the blood? _____

Have you had a sports injury? _____ Which? _____

When? _____ Treatment? _____

Have you ever had surgery? _____ For what? _____

When? _____ Continuing problem? _____

Have you had breathing difficulty? _____ Stomach trouble? _____

Urinary problem? _____ Psychological problem? _____

Take a doping-classified substance? _____

Do you consider yourself to be physically fit for football training? _____

These answers are correct to the best of my knowledge _____ Signed Date

Height _____ Weight _____ Heart rate _____

Blood pressure _____ Lungs _____ Other notable signs _____

**The above-named person has been examined by me and is found to be physically fit.
Nothing to prohibit training and competition in American Football had been noted.**

Signed _____

Signature of Examining Physician

Date