



Tryout Questionnaire

Name: _____

Sport/Position: _____

1. Have you ever had an injury that caused you to miss more than two weeks of participation?
a. Explain/Approximate Date(s) _____ Yes _____ No

2. Have you ever had any surgery? _____ Yes _____ No
a. What kind of surgery and when?

3. Have you ever broken any bones? _____ Yes _____ No
a. Which ones and when?

4. Have you ever sustained a concussion? _____ Yes _____ No
a. How many? _____
b. When was the last one? _____
c. How long until you returned to activity? _____

5. Have you ever been told you have any kind of heart problem? _____ Yes _____ No
a. Explain

6. Have you ever been told you have high blood pressure? _____ Yes _____ No
7. Have you ever been told you have sickle cell trait? _____ Yes _____ No
8. Do you have any other medical conditions? (asthma, diabetes, etc.) _____ Yes _____ No
a. Explain

The information I have provided is true and accurate to my knowledge.

Participant

Date

Parent/Guardian if under 18

Date