



## Morgan Athletic Speed Training & Pass Catching Development

### Personal Info/ Medical Health History

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Parents Telephone#: \_\_\_\_\_

School: \_\_\_\_\_

Football Position: \_\_\_\_\_

Do you currently play football for a team: \_\_\_\_\_

Pre-existing illness/injury: \_\_\_\_\_

Allergies, Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Last Physical examination: \_\_\_\_\_

Doctor & Clinic Name/ Tel#: \_\_\_\_\_

Do you wear glasses or contact lenses: \_\_\_\_\_

List any previous surgeries: \_\_\_\_\_

Are you moderately active on most days of the week: \_\_\_\_\_

Do you smoke: \_\_\_\_\_

Do you have: HighBloodPressure? \_\_\_\_\_/ Diabetes? \_\_\_\_\_/HighCholesterol? \_\_\_\_\_Seizures? \_\_\_\_\_

Person to contact in case of an emergency and parents cannot be reached:

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_