

Tri-County Football Coaches Association

**BEEGRAPHIX FOOTBALL CLASSIC**

Medical History

Please complete this form and bring it to team physicals for our physicians to review. If you wish to have your family physician do the physical, please complete this form and submit it with a signed document from you family physician stating health clearance.

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

Birthday: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Physician 's Phone Number: \_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_

Previous Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

Prior injuries requiring you to miss a practice/game:

\_\_\_\_\_  
\_\_\_\_\_

Allergies (medications, foods, insect bites, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Last Hospitalization: \_\_\_\_\_ Reason: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

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**To be completed by team physicians**

Pre-game Physical Approved

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be on file with T.C.F.C.A. before the first practice.*