



Oklahoma State University  
Sports Medicine & Athletic Training  
Football Tryout Contact Information

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

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

DOB: \_\_\_\_\_

CWID: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Have you had COVID-19 in the past? Y / N    Date: \_\_\_\_\_**

**COVID-19 Vaccine? Y / N    Name of Vaccine: \_\_\_\_\_**

**Date(s): \_\_\_\_\_**

**Booster: Y/N Date: \_\_\_\_\_**