Player Wellness Check

INJURY PREVENTION & PLAYER CARE

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CHECK | SUPPORT | PROTECT

1 PLAYER DETAILS

Player Name:	
Team / Age Group:	
Date:	
Completed By:	

2 HOW ARE YOU FEELING?

Energy Levels	1 2 3 4 5
Muscle Soreness	1 2 3 4 5
Sleep Quality	1 2 3 4 5
Mood / Motivation	1 2 3 4 5

3 QUICK WELLNESS QUESTIONS

Did you sleep well last night?	☐ Yes	☐ No
Do you feel unusually tired today?	☐ Yes	☐ No
Do you have any pain or discomfort?	☐ Yes	☐ No
Have you eaten normally today?	☐ Yes	☐ No
Do you feel ready to train or play?	☐ Yes	☐ No

4 PAIN / DISCOMFORT

5 COACH / PARENT FOLLOW-UP

- ☐ No action needed
- ☐ Modify activity
- ☐ Speak with parent / guardian
- ☐ Seek qualified medical advice

6 PLAYER NOTES

IMPORTANT: This check is a conversation starter, not a medical assessment. Pain, illness or concerning symptoms should be referred appropriately.

General wellbeing guidance only. This resource is not a medical screening tool and does not diagnose injury or illness. Clubs should follow safeguarding and medical procedures and seek qualified healthcare advice where needed.