

ALBION CENTRAL SCHOOL

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

STUDENT NAME: _____

GRADE: _____ SPORT: _____

HAVE YOU HAD A SPORT PHYSICAL FOR THIS SCHOOL YEAR? YES NO

HISTORY SINCE LAST SPORT PHYSICAL FOR THIS SCHOOL YEAR:

Have any of the following occurred since your last physical?

1. Any injuries requiring medical attention?	YES	NO
2. Any illness lasting more than five (5) days?	YES	NO
3. Taking any medicine or under physician's care at this time?	YES	NO
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion?	YES	NO
5. Change in wearing glasses or contact lenses?	YES	NO
6. Any surgical operations or fractures?	YES	NO
7. Any treatment in a hospital or emergency room?	YES	NO
8. Developed any allergies?	YES	NO
9. Any chronic disease?	YES	NO

Describe the condition or situation that caused any questions above to be answered "YES":

I have read the above information and I HEREBY give permission for my son/daughter _____ to participate in the following athletic activity _____.

PARENT SIGNATURE: _____ DATE: _____