



Alsea School District

Home of the Wolverines

Department of Athletics
OSAA Division 1A Mountain West Conference

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INTERVAL HEALTH HISTORY FORM FOR ALSEA ATHLETES

(To be completed by all athletes, every year.)

Name _____

Date _____

Sport(s) _____

Date of last completed physical at Alsea School: _____

Instructions: All athletes must complete and return this form before they will be permitted to tryout, practice, or compete in school sponsored/OSAA sanctioned athletics. All athletes in grades 5, 7, 9, 11 and new participants must get a sports physical in addition to completing the Interval History.

INTERVAL HEALTH HISTORY

1. Since your last Alsea Athletics exam, have you:
 - a. Been hospitalized? _____
 - b. Had an illness which kept you out of your usual activities? _____
 - c. Had an injury which kept you out of competition or practices? _____
 - d. Had a head injury or concussion? _____
2. Are you currently ill in any way? If so, explain. _____
3. Do you have any incompletely healed injuries? If so, explain. _____

4. Are you taking any medication on a regular basis? If so, list. _____

5. Do you know of any reason why you should not participate in the Alsea athletic program this year? _____

6. Please list any injuries that have kept you out of competition, practice or conditioning in the past year.

I certify that the answers to the above questions are correct and true and that I must not practice or compete while ill or injured, whether or not I am receiving medical treatment. If I am under treatment, I will not participate until I am discharged from treatment, or am given permission by the treating practitioner to restart participation despite continuing treatment.

Parent Signature: _____

Date _____

Reviewed By: _____

Date _____