



# Alsea School District

Home of the Wolverines

Department of Athletics  
OSAA Division 1A Mountain West Conference

ALSEA SCHOOL DISTRICT  
301 South 3<sup>rd</sup> Street  
PO Box B  
Alsea, OR 97324  
Athletic Hotline: 541-487-4105  
Telephone: 541-487-4305  
Fax 541-487-4089  
www.alsea.k12.or.us  
lynn\_cowdrey@alsea.k12.or.us

## 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 \_\_\_\_\_