



Alsea School District

Home of the Wolverines

Department of Athletics
OSAA Division 1A Mountain West Conference

ALSEA SCHOOL DISTRICT
301 South 3rd 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 _____