## ALABAMA INDEPENDENT SCHOOL ASSOCIATION MEDICAL HISTORY FORM

(Please Print)						DATE	_//
FULL NAMI	E OF STUDENT	First	Middle	Last		BIRTHDATE	_//
AGE	SEX	RACE:	BLACK	WHITE	OTHER _		
ADDRESS _	Street	City		PHONE (	)		
SCHOOL			GRADE	SPORT/A	CTIVITY		

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION. WITHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

1.	HAS THE STUDENT EVER:	CHECK ONE	IF YES, EXPLAIN		
	a. been knocked out?	Yes ( ) No ( )	and the second second		
	b. had a concussion?	Yes () No ()	televent a supply		
	c. stayed overnight in a hospital?	Yes () No ()			
	d. had an operation?	Yes () No ()	and the second second		
	e. had heat exhaustion or heat stroke?	Yes () No ()			
	f. had a head or neck injury?	Yes () No ()			
	g. had a back or spinal injury?	Yes() No()			
	h. had a heart murmur?	Yes() No()			
	i. had high blood pressure?	Yes () No ()			
	j. had a heart problem?	Yes() No()			
	k. fainted while doing exercise?	Yes ( ) No ( )			
2.	DOES THE STUDENT:				
	a. take medicine every day?	Yes() No()			
	b. wear glasses or contact lenses?	Yes () No ()			
	c. wear dental appliances?	Yes () No ()			
	d. wear hearing aids?	Yes () No ()			
	e. have any allergies?	Yes () No ()			
	f. have any chronic illnesses (i.e.		1		
	diabetes, asthma, seizures)?	Yes () No ()			
	g. have any body parts missing (i.e. kidney,				
	finger)?	Yes ( ) No ( )			
3.	HAS THE STUDENT'S MOTHER, FATHER,				
5.	BROTHER OR SISTERS EVER HAD ANY				
	HEART PROBLEMS BEFORE 50 YEARS OF				
	AGE?	Yes ( ) No ( )			
	NOD.	100()110()			
4.	HAS ANY PHYSICIAN LIMITED THE				
-1.	STUDENT'S ATHLETIC PARTICIPATION?	Yes () No ()			
	STODENT S ATTLEFTIC TANTION	166()16()			
5.	HAS THE STUDENT EVER BROKEN A BONE				
5.	OR HAD A CAST ON THE:				
	a. hand?	Yes ( ) No ( )			
	b. wrist?	Yes() No()			
	c. arm?	Yes() No()			
	d. foot?	Yes() No()	-		
	e. ankle?	Yes() No()			
	f. leg?	Yes() No()			
	g. other?	Yes() No()			
	5. Julia ;				
6.	IN THE PAST YEAR HAS THE STUDENT				
	BROKEN A BONE WHILE PLAYING SPORTS?	Yes ( ) No ( )			
		Activity			

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student form participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son ( ), daughter ( ), ward ( ) and that the responses to the preceding questions are correct.

SIGNED:

PARENT ( ) OR GUARDIAN ( )