

STUDENT/ATHLETE**Medical Release Form****Alabama Independent School Association**

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student/Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1). Athletic Director; 2). Coaches; 3). Trainers; 4). School Administration;
- 5). Insurance agent

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

ALABAMA INDEPENDENT SCHOOL ASSOCIATION MEDICAL HISTORY FORM

(Please Print) DATE ____/____/____

FULL NAME OF STUDENT _____ BIRTHDATE ____/____/____
First Middle Last

AGE _____ SEX _____ RACE: BLACK _____ WHITE _____ OTHER _____

ADDRESS _____ PHONE () _____
Street City State Zip

SCHOOL _____ GRADE _____ SPORT/ACTIVITY _____

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.)

- | | HAS THE STUDENT EVER: | CHECK ONE | IF YES, EXPLAIN |
|----|--|----------------|-----------------|
| 1. | HAS THE STUDENT EVER: | | |
| | a. been knocked out? | Yes () No () | _____ |
| | b. had a concussion? | Yes () No () | _____ |
| | c. stayed overnight in a hospital? | Yes () No () | _____ |
| | d. had an operation? | Yes () No () | _____ |
| | 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. diabetes, asthma, seizures)? | Yes () No () | _____ |
| | g. have any body parts missing (i.e. kidney, finger)? | Yes () No () | _____ |
| 3. | HAS THE STUDENT'S MOTHER, FATHER, BROTHER OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE? | Yes () No () | _____ |
| 4. | HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION? | Yes () No () | _____ |
| 5. | HAS THE STUDENT EVER BROKEN A BONE 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 () | _____ |
| 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 from 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 ()

DATE _____

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
PHYSICAL EXAMINATION FORM**

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/ _____ LEFT 20/ _____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

	CHECK ONE	IF ABNORMAL, EXPLAIN
1. Skin	Normal () Abnormal ()	_____
2. Head & Neck	Normal () Abnormal ()	_____
3. Eyes	Normal () Abnormal ()	_____
4. Ears, Nose, & Throat	Normal () Abnormal ()	_____
5. Teeth & Mouth	Normal () Abnormal ()	_____
6. Lungs & Chest	Normal () Abnormal ()	_____
7. Cardiovascular	Normal () Abnormal ()	_____
8. Abdomen & Lymphatics	Normal () Abnormal ()	_____
9. Genitalia/Hernia	Normal () Abnormal ()	_____
10. Orthopedic Screening:		
a. upper extremities	Normal () Abnormal ()	_____
b. lower extremities	Normal () Abnormal ()	_____
c. spine & back	Normal () Abnormal ()	_____
11. Neurological	Normal () Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this _____ day of _____, 20 _____, I performed the above limited examination on _____ of the _____ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS ___ IS NOT ___ physically able to participate in ALL ___ *LIMITED ___ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LLIMITATIONS/EXCLUSION

