DI ACENITIA VODDA LINDA LINIEIED COLICOI DIOTDIOT 0000 DTIODATION DUVOION

											Age] Male		Fema	
Birth	Gra	ide _		Sch	ool _						School Year	□ 20)		ב0		20	
sport(s) of participation: ∃ □Baseball □Basketball iis □Soccer □Softball □													□G	olf	□Lacross	e 🗆	Song	
Has the student/athlet	e eve	er:														YE	S	NC
1. Been hospitalized overn																		
2. Had any chronic illness												der		ther				
3. Recently taken medicat							ds o	r inh	alers?	Medicatio	in:							
 Had any allergies (medi Become dizzy or passed 						gy:												
 Developed chest pain, s 						rina?										-		
7. Become tired more quic																		
8. Been told that he/she ha							e?		ha							1		
9. Skipped heart beats?		100110																
10. Had anyone in the famil	y dev	/elop	hear	rt diseas	se or c	lie fro	m h	eart	probler	ns under	age 40?							
11. Had a significant head in			oncus	ssion?														
12. Passed out or had a sei																_		
13. Had more than one epis				stinger	(pain t	rom r	leck	into	arm)?									
14. Had heat cramps or hea					11 1		<u></u>											
15. Had a broken/fractured,	spra	ined,	or di	islocate	d bod	y part	? LI	st bo	ody part	i(s) and da	ate(s) of injury.							
16. Is the student/athlete mi	ssing	g an o	organ	n or limb	o? List	body	par	t(s) a	and dat	e(s) of los	SS.							
					Easter Pro-						personal loss							
17. Does student/athlete us	e spe	ecial (equip	oment?	🗆 Pa	ads E	⊒Br	aces		thation	Prostheses	LOth	ner					
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18. Does student/athlete ha	ve to			ose weig		meet												
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Must be turned in to the School's Front Office

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