## Alabama Christian Athletic Association

Name Sex Age Date of Birth  Address Phone School Grade Sport    Check Yes or No	Н	ISTORY INTEGRAL HISTORY FORM	D			
School Grade Sport  Check Yes or No  Explain "Yes" answers below:  1. Has a doctor ever restricted/denied your participation in sports?  2. Have you ever been hospitalized or spent a night in a hospital?  Have ever had surgery?  3. Do you have any stilled progress and spent a night in a hospital?  Have ever had surgery?  4. Are you presently taking any medications of pills (prescription of over-the-counter)?  5. Do you have any stillegress (medication, pollens, foods, bees or other stinging insects)?  6. Have you cere passed out during or after exercise?  Have you cere based out during or after exercise?  Have you cere had cheer pain or discombort in your chest during or after exercise?  Have you cere had cheer pain or discombort in your chest during or after exercise?  Have you cere had cheer pain or discombort in your chest during or after exercise?  Have you ever had cheer pain or discombort in your chest during or after exercise?  Have you ever bear inclied hat you have a heart controlled the problems or a sudden death before age 50?  Have you ever bear in your family where a heart contition?  Has a dector ever ordered a test on your heart of KFKG, echocardiogram)?  7. Do you have any skin problems (fiching, rashes, staph, MRSA, acre)?  8. Have you ever had a head injury or concussion?  Have you ever had a seizure?  Have you ever had a seizure problems or a studen death explored the problems or a sudden death explored the problems or problems or problems or problems or problems or problems.  Have you ever had a seazure?  Have you ever had a seazure with your eyes or passed out in the hear?  Do you take any medication for a stating for instance, inhalters?  Death and a seazure with yo						
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