ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History			ite			
Name	Sex	Age Da	ite of birth			
Address			one			
		nde Sp				
School		iue 5	JOI t			
Explain "Yes" answers below:				Yes	No	
Has a doctor ever restricted/denied you	ir participation in sports?			Tes Tes		
Have you ever been hospitalized or spe				╁╬	- 	
Have ever had surgery?	int a riight iir a riospitar:			 	╫	
Do you have any ongoing medical cond	itions (like Diabetes or Asthma)?			╁Ħ	Ħ	
Are you presently taking any medication		inter?		 	- 	
5. Do you have any allergies (medicine, po				 	#	
6. Have you ever passed out during or after		ects):			_#	
Have you ever been dizzy during or aft				╁╬	- 	
Have you ever had chest pain or discor		cico?		╁╬┈	╫	
Do you tire more quickly than your frie		user		╂╬	╫	
				╂	- 	
Have you ever had high blood pressure					- 	
Have you ever been told that you have		leart intection?				
Have you ever had racing of your heart		503		╁╬	_Щ_	
Has anyone in your family died of hear		ge 50?		┼╠┤┈	_#	
Does anyone in your family have a hea				╀╬	_ <u></u>	
Has a doctor ever ordered a test on yo				╀╚		
7. Do you have any skin problems (itching				<u> </u>	_ <u></u>	
8. Have you ever had a head injury or con				┦╚	_≝	
Have you ever been knocked out or un	conscious?			╵ ╚		
Have you ever had a seizure?					<u> </u>	
Have you ever had a stinger, burner, p		ness in your arms or	legs?			
Have you ever had heat or muscle cram						
Have you ever been dizzy or passed ou					<u> </u>	
Do you have trouble breathing or do yo	ou cough during or after activity?					
Do you take any medications for asthm	na (for instance, inhalers)?					
11. Do you use any special equipment (pad	s, braces, neck rolls, mouth guard, eye	guards, etc.)?				
12. Have you had any problems with your of	eyes or vision?					
Do you wear glasses or contacts or pro	tective eye wear?					
13. Have you had any other medical proble	ms (infectious mononucleosis, diabete	s, infectious diseases	s, etc.)?			
14. Have you had a medical problem or inju	ury since your last evaluation?					
15. Have you ever been told you have sickle	e cell trait?					
Has anyone in your family had sickle co	ell disease or sickle cell trait?					
16. Have you ever sprained/strained, disloc	cated, fractured, broken or had repeate	ed swelling or other				
injuries of any bones or joints?						
☐ Head ☐ Back ☐ Shoulder ☐ Fo	orearm 🔲 Hand 🔲 Hip 🔲 Knee	☐ Ankle				
☐ Neck ☐ Chest ☐ Elbow ☐ W	/rist 🔲 Finger 🔲 Thigh 🔲 Shin	Foot				
17. When was your first menstrual period?						
When was your last menstrual period?						
What was the longest time between yo	ur periods last year?					
Explain "Yes" answers:						
				1		
I hereby state that, to the best of my knowledge,	my answers to the above questions are	e correct.				
Signature of athlete	Da	te				
gnature of parent/guardian DUPLICATE AS NEED						

Rev. 2010 FORM 5 Page 1 of 2

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. A physical exam will satisfy the requirement for one calendar year from the date of the exam.

Physical Examination

		Height\	Neight	BP/ Pulse		
		Vision R 20 / L 20 / Corrected: Y N				
LIMITED		Normal	Abnormal Findings			
	Cardiovascular					
	LIM	Pulses				
		Heart				
		Lungs				
		Skin				
		E.N.T.				
		Abdominal				
		Genitalia (males)				
		Musculoskeletal				
		Neck				
		Shoulder				
		Elbow				
		Wrist				
		Hand				
		Back				
		Knee				
		Ankle				
		Foot				
		Other				
Clearand	А. В.	Not cleared for: ☐ Co	ollision ontact	ehabilitation for: Strenuous Moderately strenuous Nonstrenuous		
D	ue to:					
Recomm						
Name of	physicia			Date		
	Address					
Signature of physician				. M.D. or D.O.		