ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form Revised 2018

Revised 2018

Address School Grade Sport 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? 3. Do you have any ongoing medical conditions (like blabetes or Asthma)? 4. Are you presently taking any medications or pills (prescription or over-the-counter? 5. Do you have any alterigis (medicine, pollens, foods, bees or other stinging insects)? 6. Have you ever bead size (medicine, pollens, foods, bees or other stinging insects)? 7. Have you ever bead of the sting of after exercise? 8. Have you ever bead of that you have a heart murmur, high cholesterol, or heart infection? 9. Have you ever bad racing of your heart or skipped heartbeats? 9. Have you ever had racing of your heart or skipped heartbeats? 9. Have you ever had racing of your heart or skipped heartbeats? 9. Has a myone in your family lided of heart problems or a sudden death before age 50? 9. Does anyone in your family have a heart condition? 9. Has a doctor ever ordered a test on your heart (EKG, echocardiogram)? 9. Does anyone in your family have a heart condition? 9. Have you ever had a head injury or concussion? 9. Have you ever had a beating. 9. Have you ever had a singer, burner, plinched nerve, or loss of feeling or weakness in your arms or legs? 9. Have you ever had head or muscle cramps? 10. Do you have trouble breathing or do you cough during or after activity? 11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? 12. Have you had any other medical problems (infectious mononoucloosis, diabetes, infectious diseases, etc.)? 13. Have you had any other medical problems (infectious mononoucloosis, diabetes, infectious diseases, etc.)? 14. Have you had any other medical problems (infectious mononoucloosis, diabetes, infectious diseases, etc.)? 15. Have you had any other medical problems (infectious mononoucloosis, di	History		Date					
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FORM 5

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 (Grades 7-12). The Student's name AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For **Physical Examination** example, a physical given on May 5, 2022, will satisfy the requirement through May 31, 2023. Height _____ Weight ____ BP ____ / ___ Pulse ____ Revised 2018 Vision R 20 / ____ L 20 / ____ Corrected: Y N Abnormal Findings Normal LIMITED Cardiovascular **Pulses** Heart Lungs Skin E.N.T. Abdominal COMPLETE Genitalia (males) Musculoskeletal Neck Shoulder Elbow Wrist Hand Back Knee Ankle Foot Other

Clearance:

A. Cleared B. Cleared after co	empleting evaluation/re	habilitation for:		
C. Not cleared for:	☐ Collision ☐ Contact		Moderately strenuous	Nonstrenuous
Due to:				
Recommendation:				
Name of physician			Date	
Address	Phone	Phone		
Signature of physician	, M.D. or [, M.D. or D.O.		

(Form must be signed and dated by the attending physician.)