ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History
Name_________________________ Sex _______ Age _______ Date of birth __________
Address_________________________ School ___________________ Grade _______ Sport _______

Explain "Yes" answers below:

1. Has a doctor ever restricted/denied your participation in sports? [ ] Yes [ ] No
2. Have you ever been hospitalized or spent a night in a hospital? [ ] Yes [ ] No
   Have ever had surgery? [ ] Yes [ ] No
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)? [ ] Yes [ ] No
4. Are you presently taking any medications or pills (prescription or over-the-counter)? [ ] Yes [ ] No
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)? [ ] Yes [ ] No
6. Have you ever passed out during or after exercise? [ ] Yes [ ] No
   Have you ever been dizzy during or after exercise? [ ] Yes [ ] No
   Have you ever had chest pain or discomfort in your chest during or after exercise? [ ] Yes [ ] No
   Do you tire more quickly than your friends during exercise? [ ] Yes [ ] No
   Have you ever had high blood pressure? [ ] Yes [ ] No
   Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? [ ] Yes [ ] No
   Have you ever had racing of your heart or skipped heartbeats? [ ] Yes [ ] No
   Has anyone in your family died of heart problems or a sudden death before age 50? [ ] Yes [ ] No
   Does anyone in your family have a heart condition? [ ] Yes [ ] No
   Has a doctor ever ordered a test on your heart (EKG, echocardiogram)? [ ] Yes [ ] No
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)? [ ] Yes [ ] No
8. Have you ever had a head injury or concussion? [ ] Yes [ ] No
   Have you ever been knocked out or unconscious? [ ] Yes [ ] No
   Have you ever had a seizure? [ ] Yes [ ] No
   Have you ever had a stinger, burn, pinched nerve, or loss of feeling or weakness in your arms or legs? [ ] Yes [ ] No
9. Have you ever had heat or muscle cramps? [ ] Yes [ ] No
   Have you ever been dizzy or passed out in the heat? [ ] Yes [ ] No
10. Do you have trouble breathing or do you cough during or after activity? [ ] Yes [ ] No
    Do you take any medications for asthma (for instance, inhalers)? [ ] Yes [ ] No
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? [ ] Yes [ ] No
12. Have you had any problems with your eyes or vision? [ ] Yes [ ] No
    Do you wear glasses or contacts or protective eye wear? [ ] Yes [ ] No
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)? [ ] Yes [ ] No
14. Have you had a medical problem or injury since your last evaluation? [ ] Yes [ ] No
15. Have you ever been told you have sickle cell trait? [ ] Yes [ ] No
    Has anyone in your family had sickle cell disease or sickle cell trait? [ ] Yes [ ] No
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other
    injuries of any bones or joints? [ ] Yes [ ] No
    Head [ ] Back [ ] Shoulder [ ] Forearm [ ] Hand [ ] Hip [ ] Knee [ ] Ankle
17. When was your first menstrual period? ____________________________
    When was your last menstrual period? ____________________________
    What was the longest time between your periods last year? ________

Explain "Yes" answers:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete ___________________________ Date __________

Signature of parent/guardian ___________________________ Date __________

DUPLICATE AS NEEDED