ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation

History Date: _____

Name: _____ Sex: _____ Age: _____ Date of birth: _____

Address: _____ Phone: _____

School: _____ Grade: _____ Sport: _____

Explain "Yes" answers below:	Yes	No
1 . Have you ever been hospitalized?	☐	☐
Have you ever had surgery?	☐	☐
2. Are you presently taking any medications or pills?	☐	☐
3. Do you have any allergies (medicine, bees or other stinging insects)?	☐	☐
4. Have you ever passed out during or after exercise?	☐	☐
Have you ever been dizzy during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you tire more quickly than your friends during exercise?	☐	☐
Have you ever had high blood pressure?	☐	☐
Have you ever been told that you have a heart murmur?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Has anyone in your family died of heart problems or a sudden death before age 50?	☐	☐
5. Do you have any skin problems (itching, rashes, acne)?	☐	☐
6. Have you ever had a head injury?	☐	☐
Have you ever been knocked out or unconscious?	☐	☐
Have you ever had a seizure?	☐	☐
Have you ever had a stinger, bumer or pinched nerve?	☐	☐
7. Have you ever had heat or muscle cramps?	☐	☐
Have you ever been dizzy or passed out in the heat?	☐	☐
8. Do you have trouble breathing or do you cough during or after activity?	☐	☐
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	☐	☐
10 Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses or contacts or protective eye wear?	☐	☐
11. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	☐	☐
12. Have you had a medical problem or injury since your last evaluation?	☐	☐
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints	☐	☐

☐ Head ☐ Back ☐ Shoulder ☐ Forearm ☐ Hand ☐ Hip ☐ Knee ☐ Ankle

☐ Neck ☐ Chest ☐ Elbow ☐ Wrist ☐ Finger ☐ Thigh ☐ Shin ☐ Foot

14. 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.

Date: _____

Signature of athlete: _____

Signature of parent/guardian: _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec 13. - No student shall be eligible to represent his/her school in interscholastic athletics unless there is on file in the Superintendent's or Principal's office a physician's statement for the current year certifying that the student has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school

Physical Examination

		Height: _____ Weight: _____ B/P: _____/_____ Pulse: _____		
	L	Vision R 20/_____ L 20/ _____ Corrected: Y N		
	I		Normal	Abnormal Findings
	M	Cardiovascular		
	I	Pulses		
	T	Heart		
	E	Lungs		
C	D	Skin		
O		E. N. T.		
M		Abdominal		
P		Genitalia (males)		
L		Musculoskeletal		
E		Neck		
T		Shoulder		
E		Elbow		
		Wrist		
		Hand		
		Back		
		Knee		
		Ankle		
		Foot		
		Other		

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: ☐ Collision
☐ Contact
☐ Noncontact ___ Strenuous ___ Moderately strenuous ___ Nonstrenuous

Due to: _____

Recommendation: _____
_____
_____

Name of physician _____ Date _____
Address _____ Phone _____
Signature of physician _____, M.D. or D.O.