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 athletics.

Physical Examination

Height ____________ Weight ______________ BP _____ / _____ Pulse ____________

Vision R 20/____ L 20/____ Corrected: Y N

			Normal	Abnormal findings
COMPLETE	LIMITED	Cardiovascular		
		Pulses		
		Heart		
		Lungs		
		Skin		
		E.N.T.		
		Abdominal		
		Genitalia (males)		
		Musculoskeletal		
		Neck		
		Shoulder		
		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.

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:

	Question	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, burner 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