



ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Top Doctors for Top Performers.

Preparticipation Physical Evaluation Form

History	į.			Date	Janua	ary 13, 2	018
Name_		Sex	Age	100			
8. 	5	- A		Phone			
			ade				
Deriooi_			<u> </u>				
Explain '	'Yes" answers below:					Yes	No
1.	Has a doctor ever restricted/denied your participation in sports?						
2.	Have you ever been hospitalized or spent a night in a hospital?					TE	F
	Have ever had surgery?						F
3.	Do you have any ongoing medical conditions (like Diabetes or Asi	thma)?				Ħ	
4.	Are you presently taking any medications or pills (prescription or		unter?			16	
5.	Do you have any allergies (medicine, pollens, foods, bees or othe	55 TK -21	(West)			T	
6.	Have you ever passed out during or after exercise?					I	百
	Have you ever been dizzy during or after exercise?						
	Have you ever had chest pain or discomfort in your chest during	or after exe	rcise?				
	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, high cho	olesterol, or	heart infection?				
	Have you ever had racing of your heart or skipped heartbeats?	7					
	Has anyone in your family died of heart problems or a sudden de	eath before	age 50?				
	Does anyone in your family have a heart condition?						
	Has a doctor ever ordered a test on your heart (EKG, echocardio	gram)?					
7.	Do you have any skin problems (itching, rashes, staph, MRSA, acr	ne)?					
8.	Have you ever had a head injury or concussion?						
	Have you ever been knocked out or unconscious?						
	Have you ever had a seizure?						
	Have you ever had a stinger, burner, pinched nerve, or loss of fe	eling or wea	kness in your arm	s or legs?			
9.	Have you ever had heat or muscle cramps?	***	13065				
	Have you ever been dizzy or passed out in the heat?						
10.	Do you have trouble breathing or do you cough during or after a	ctivity?					
	Do you take any medications for asthma (for instance, inhalers)?	?					
11.	Do you use any special equipment (pads, braces, neck rolls, mout	th guard, ey	e guards, etc.)?				
12.	Have you had any problems with your eyes or vision?						
	Do you wear glasses or contacts or protective eye wear?						
13.	Have you had any other medical problems (infectious mononucle	eosis, diabet	es, infectious dise	ases, etc.)	?		
14.	Have you had a medical problem or injury since your last evaluat	ion?					
15.	Have you ever been told you have sickle cell trait?						
	Has anyone in your family had sickle cell disease or sickle cell tra	ait?					
16.	Have you ever sprained/strained, dislocated, fractured, broken o	r had repeat	ed swelling or oth	ner			
	injuries of any bones or joints?	_	_				
	☐ Head ☐ Back ☐ Shoulder ☐ Forearm ☐ Hand ☐ Hip						
	□ Neck □ Chest □ Elbow □ Wrist □ Finger □ Thi	gh LIShin	Foot				
17.	When was your first menstrual period?						
	When was your last menstrual period?	A.	V*				
Eval	ain "Yes" answers:					4	
Expi	alli les allsweis.						
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19							
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1 haveler	state that to the host of my knowledge	augetie	ro correct				
nereby	state that, to the best of my knowledge, my answers to the above	questions a	re correct.				
Signatur	e of athlete	D	ate				
					DURING	ATE AC	NEED
Signatur	e of parent/guardian				DUPLIC	AIE AS	MEED



YOUR SPORTS MEDICINE TEAM



Top Doctors for Top Performers.

Preparticipation Physical Evaluation

Physical Examination

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 through the end of the month from the date of the exam. For example, a physical given on May 5, 2015, will satisfy the requirement through May 31, 2016.

	LIMITED	Height				Ī	_ Pulse		
		Vision R 20 / L 20		cied. Y	IN				
COMPLETE			Normal				Abnormal Findings		
		Cardiovascular							
		Pulses							
		Heart							
		Lungs							
		Skin							
		E.N.T.							
		Abdominal							
		Genitalia (males)							
MOS		Musculoskeletal							
		Neck							
		Shoulder							
		Elbow							
		Wrist							
		Hand							
		Back							
		Knee							
		Ankle							
		Foot							
		Other							
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Dicarano.		Cleared							
		Cleared after completing		habilitation	for:				
	C.		ollision ontact						
				Strenu	ous _	Mo	oderately strenuous	Nonstrenuous	
Di	ue to:								
Recomm	endatio	n:							
						· ·			
Name of physician Dr. B. Carter / Dr. M. Cantrell / Dr. S. Davis / Dr. J. Greco / Dr. J. Hughey / Dr. L. Parker Date 1 / 13 / 18									
Address TOC Sports 927 Franklin Street Huntsville, AL 35801 Phone (256) 539-2728									
Signature of physician MD or DO									