ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Preparticipation Physical Evaluation

History

Name ____________________________ Gender ______ Age ______ Date of Birth ______

Address __________________________________________ Phone ____________________

School __________________________ Grade ______ Sport ______________________

Explain “Yes” answers below:

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, burn 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 ____________________________ Sign of parent/guardian __________ DUPLICATE AS NEEDED

Form 5 – Rev. ‘93 FORM 5
**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

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BP /</th>
<th>Pulse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vision R 20/</th>
<th>L20/</th>
<th>Corrected:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal findings</th>
</tr>
</thead>
</table>

#### 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 clearer for:
   - Collision
   - Contact
   - Non-contact
   - Strenuous
   - Moderately strenuous
   - Non-strenuous

Due to:

Recommendation:

Name of physician

Date

Address

Signature of physician, M.D. or D.O.