**ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION**

**Preparticipation Physical Evaluation Form**

**Revised 2018**

<table>
<thead>
<tr>
<th>History</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Date</td>
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<td>Address</td>
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<td>School</td>
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<tr>
<td>Grade</td>
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<tr>
<td>Sport</td>
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**Explain "Yes" answers below:**

1. Has a doctor ever restricted/derided your participation in sports?
   - Yes
   - No

2. Have you ever been hospitalized or spent a night in a hospital?
   - Yes
   - No

3. Does a doctor ever restrict/derided your participation in sports?
   - Yes
   - No

4. Have you ever experienced any of the following conditions (e.g., diabetes or asthma)?
   - Yes
   - No

5. Do you have any ongoing medical conditions (e.g., diabetes or asthma)?
   - Yes
   - No

6. Are you currently taking any medications or drugs prescribed by a doctor?
   - Yes
   - No

7. Do you have any allergies (e.g., to foods, pollen, or bee stings)?
   - Yes
   - No

8. Have you ever had any severe reactions (e.g., anaphylaxis) to any medication?
   - Yes
   - No

9. Have you ever had any serious injuries sustained in sports?
   - Yes
   - No

10. Do you have any skin problems (e.g., eczema, rashes, psoriasis, or acne)?
    - Yes
    - No

11. Have you ever had a fracture or bone injury?
    - Yes
    - No

12. Have you ever had a broken bone or joint injury?
    - Yes
    - No

13. Have you ever had any other injuries sustained in sports?
    - Yes
    - No

14. Have you ever had a medical problem or injury since your last evaluation?
    - Yes
    - No

15. Have you ever had a serious injury or illness?
    - Yes
    - No

16. Have you ever had a serious injury or illness?
    - Yes
    - No

17. Have you ever had a severe reaction (e.g., anaphylaxis) to any medication?
    - Yes
    - No

**Preparticipation Physical Evaluation**

<table>
<thead>
<tr>
<th>Physical Examination</th>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>Pulse</th>
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</thead>
<tbody>
<tr>
<td>Eye</td>
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<tr>
<td>Ear</td>
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<td>Nose</td>
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<td>Throat</td>
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<td>Neck</td>
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<td>Shoulder</td>
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<td>Elbow</td>
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<td>Wrist</td>
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<td>Hand</td>
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<tr>
<td>Foot</td>
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</table>

**Limited Examinations**

- 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:**

- 

**Signature of athlete**

- 

**Signature of parent/guardian**

- 

**Name of physician**

- 

**Address**

- 

**Phone**

- 

**Signature of physician**

- 

(Form must be signed and dated by the attending physician.)

**Rev. 2018** (The revised 2018 form is the official form accepted by the AHSAA.)

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

**Signature of athlete**

**Signature of parent/guardian**

**DUPLICATE AS NEEDED**

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