# ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

## Preparticipation Physical Evaluation Form

## Revised 2018

Revised 2018

**History**

Name Nehemiah Lerma Sex ____ Age ____ Date ____

Address 101 Laceys Spring Dr Laceys Spring AL 35754 Date of birth 7-29-08

Phone ____

School Homeschool Grade ____ Sport rowing

| 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? | ☐ | ☑ |
| Have ever had surgery? | ☑ | ☐ |
| 3. Do you have any ongoing medical conditions (like Diabetes or Asthma)? | ☐ | ☑ |
| 4. Are you presently taking any medications or pills (prescription or over-the-counter)? | ☐ | ☑ |
| 5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)? | ☐ | ☑ |
| 6. Have you ever passed out during or after exercise? | ☐ | ☑ |
| Have you ever been dizzy during or after exercise? | ☐ | ☑ |
| Have you ever had chest pain or discomfort in your chest 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, high cholesterol, or heart infection? | ☐ | ☑ |
| 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? | ☑ | ☐ |
| Does anyone in your family have a heart condition? | ☐ | ☑ |
| Has a doctor ever ordered a test on your heart (EKG, echocardiogram)? | ☑ | ☐ |
| 7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)? | ☐ | ☑ |
| 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 feeling or weakness in your arms or legs? | ☐ | ☑ |
| 9. Have you ever had heat or muscle cramps? | ☐ | ☑ |
| Have you ever been dizzy or passed out in the heat? | ☐ | ☑ |
| 10. Do you have trouble breathing or do you cough during or after activity? | ☐ | ☑ |
| Do you take any medications for asthma (for instance, inhalers)? | ☐ | ☑ |
| 11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye 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 mononucleosis, diabetes, infectious diseases, etc.)? | ☐ | ☑ |
| 14. Have you had a medical problem or injury since your last evaluation? | ☐ | ☑ |
| 15. Have you ever been told you have sickle cell trait? | ☐ | ☑ |
| Has anyone in your family had sickle cell disease or sickle cell trait? | ☐ | ☑ |
| 16. 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

17. When was your first menstrual period? N/A
When was your last menstrual period?
What was the longest time between your periods last year?

Explain "Yes" answers:

#2 had a ganglion cyst removed
#6 great uncles - had heart attack
#6 ekg - to rule out murmur - none detected
#16 broke wrist March 2019

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

Signature of athlete Nehemiah Lerma Date 10-4-20

Signature of parent/guardian [signature]

DUPLICATE AS NEEDED

FORM 5



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

## Preparticipation Physical Evaluation

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 (Grades 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) 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, 2020, will satisfy the requirement through May 31, 2021.**

______________________________
Student's name

## Physical Examination

Height 5'1 Weight 89 BP 98 / 60 Pulse 68

Vision R 20 / 25 L 20 / 25 Corrected: Y (N)

| | | | Normal | Abnormal Findings |
|---|---|---|---|---|
| COMPLETE | LIMITED | Cardiovascular | ✓ | |
| | | Pulses | ✓ | |
| | | Heart | ✓ | |
| | | Lungs | ✓ | |
| | | Skin | ✓ | |
| | | E.N.T. | ✓ | |
| | | Abdominal | ✓ | |
| | | Genitalia (males) | ✓ | |
| | | Musculoskeletal | [illegible] | [illegible] |
| | | Neck | ✓ | |
| | | Shoulder | ✓ | |
| | | Elbow | ✓ | |
| | | Wrist | ✓ | |
| | | Hand | ✓ | |
| | | Back | ✓ | |
| | | Knee | ✓ | |
| | | Ankle | ✓ | |
| | | Foot | ✓ | |
| | | Other | | |

Clearance:

(A. Cleared) — circled

B. Cleared after completing evaluation/rehabilitation for: ______________________

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

Due to: ______________________

Recommendation: ______________________

Name of physician VINAYA K. YADLA AMERICAN FAMILY CARE Date 10/4/20

Address 8151 WHITESBURG DRIVE HUNTSVILLE, AL 35802 Phone ______

Signature of physician [signature] (M.D.) or D.O.

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

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