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Preparticipation Physical Evaluation

Eli Richardson 05/14/09
Student's name

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, 2021, will satisfy the requirement through May 31, 2022.

Physical Examination 05/03/2021

	LIMITED	Height <u>56</u> in	Weight <u>102 lb 12.8 oz</u>	BP <u>114 / 70</u>	Pulse <u>n/a</u>
		Vision R <u>20 /</u> L <u>20 /</u>	Corrected: <u>(Y) N</u>	<u>wears glasses, sees eye dr</u>	
COMPLETE			Normal	Abnormal Findings	
		Cardiovascular			
		Pulses			
		Heart			
		Lungs			
		Skin			
		E.N.T.			
		Abdominal			
		Genitalia (males)			
		Musculoskeletal			
		Neck			
		Shoulder			
		Elbow			
		Wrist			
		Hand			
		Back			
		Knee			
		Ankle			
Foot					
Other					

Revised 2018

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared for:
 - Collision
 - Contact
 - Noncontact

Due to: _____

Recommendation: _____

Huntsville Pediatric Associates
256.888.KIDS • 256.705.1156 fax
2004 Airport Road, Suite 1
Huntsville, Alabama 35801

Name of physician Michael Klemm MD Date 05/03/2021
 Address 2004 Airport Road, Suite 1, Huntsville, AL 35801-5338 Phone (256) 888-5437
 Signature of physician [Signature] M.D. or D.O.
 (Form must be signed and dated by the attending physician.)

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form
Revised 2018

Revised 2018

History Name Eli Foster Richardson Sex M Age 12 Date 9/8/2021
 Address 1601 Mont Dale Rd. Huntsville, AL 35801 Date of birth 5/14/2009
 School AL Connections Academy Grade 7 Phone 256-1679-8086
 Sport Rowing

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input checked="" type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input checked="" type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. 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: <u>Eli takes meds for his ADHD each day.</u>		

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

Signature of athlete Eli Richardson Date 9/9/21
 Signature of parent/guardian Sammi Richardson

DUPLICATE AS NEEDED

FORM 5