

66904

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form Revised 2018

Revised 2018

History

Name Alison O'Halloran Sex F Age _____ Address 2965 Southurst Huntsville AL 35803 School Grissom HS / Rocket City Rowing Grade 11

Date Sept 2021 Date of birth 12 20 04 Phone _____ Sport Rowing

Table with columns: Explain "Yes" answers below:, Yes, No. Contains 16 numbered questions about medical history and physical condition, with checkboxes for Yes/No and a section for explaining "Yes" answers.

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

Signature of athlete Alison O'Halloran Date 9/30/21 Signature of parent/guardian Leanne O'Halloran

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Alison D'Halloran

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 (Grade s 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, 2019, will satisfy the requirement through May 31, 2020.

Physical Examination

Revised 2018

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____	
		Vision R 20 / ____ L 20 / ____ Corrected: Y N	
		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			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

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

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

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

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

Preparticipation Physical Evaluation

Alison O'Halloran

Student's name 12/02/20

Physical Examination 12/02/20

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.

		Height <u>63</u> in	Weight <u>115 lb 6.4 oz</u>	BP <u>130 / 76</u>	Pulse _____	
		Vision R <u>20 /</u> L <u>20 /</u>	Corrected: <u>(Y)</u> N	<u>Sees eye dr</u>		
LIMITED		Normal	Abnormal Findings			
	Cardiovascular					
	Pulses					
	Heart					
	Lungs					
	Skin					
	COMPLETE	E.N.T.				
		Abdominal				
		Genitalia (males)				
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		Wrist				
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Back						
Knee						
Ankle						
Foot						
Other						

Revised 2018

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 - B. Cleared after completing evaluation/rehabilitation for: _____
 - C. Not cleared for:
 - Collision
 - Contact
 - Noncontact
- Strenuous Moderately strenuous Nonstrenuous

Due to: _____

Recommendation: _____

Huntsville Pediatric Associates

256.888.KIDS - 256.706.1156 fax

2004 Airport Road, Suite 1

Huntsville, Alabama 35801

Name of physician Brian Patz MD Date 12/02/20

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.)