66904

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form Revised 2018

Revised 2018

History	6	Date Scot 2			
Name Alison O'Halloran	Sex Age	Date of birth 12	201)4	
Address 2905 Southhurst Huntsville A	4 35303	Phone			
School Grissom HS / Rocket City Rowing	Grade	Sport Rowin	a		
School Strager The Resident No. 19	Grade	_ sport free In	J		
Explain "Yes" answers below:			Yes	No	
Has a doctor ever restricted/denied your participation in sp	orts?		П	X	
Have you ever been hospitalized or spent a night in a hospit				×	
Have ever had surgery?				×	
Do you have any ongoing medical conditions (like Diabetes	or Asthma)?			П	
Are you presently taking any medications or pills (prescripting)			×		
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?			8	×	
Have you ever had chest pain or discomfort in your chest of	Juring or after exercise?		ō	×	
Do you tire more quickly than your friends during exercise			d	X	
Have you ever had high blood pressure?	•		ō	X	
Have you ever been told that you have a heart murmur, hi	gh cholesterol, or heart infection)	6	×	
Have you ever had racing of your heart or skipped heartbe			Ħ	X	
			×	n	
Has anyone in your family died of heart problems or a sudd	zen death before age 50:		Z	H	
Does anyone in your family have a heart condition?	condingram\2			×	
Has a doctor ever ordered a test on your heart (EKG, echo					
7. Do you have any skin problems (itching, rashes, staph, MRS	A, ache)r		8	Ħ	
8. Have you ever had a head injury or concussion?			H	H	
Have you ever been knocked out or unconscious?			-	-	
Have you ever had a seizure?	-66-1		H		
Have you ever had a stinger, burner, pinched nerve, or loss	of feeling or weakness in your ar	ms or legs?			
Have you ever had heat or muscle cramps?				×	
Have you ever been dizzy or passed out in the heat?			H	×	
 Do you have trouble breathing or do you cough during or a 				×	
Do you take any medications for asthma (for instance, inha				×	
Do you use any special equipment (pads, braces, neck rolls,	mouth guard, eye guards, etc.)?			X	
12. Have you had any problems with your eyes or vision?			×		
Do you wear glasses or contacts or protective eye wear?		1000	*		
Have you had any other medical problems (infectious mono	onucleosis, diabetes, infectious di	seases, etc.)?		×	
 Have you had a medical problem or injury since your last ex 	valuation?			X	
15. Have you ever been told you have sickle cell trait?				X	
Has anyone in your family had sickle cell disease or sickle of				X	
Have you ever sprained/strained, dislocated, fractured, bro	ken or had repeated swelling or o	other			
injuries of any bones or joints?					
☐ Head ☐ Back ☐ Shoulder ☐ Forearm ☐ Hand					
	Thigh Shin Foot				
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: 45 mg.	Uncle - unc	le 50,0			
Atropine drops (nothalmic)	granafathor -	-			
- 1119 P3 (OP 111)); ;				
hereby state that, to the best of my knowledge, my answers to the	above questions are correct.	07			
Alisand O Vallage	0/10	127			
signature of athlete Wald O Sallaran	Date // //	14			
Signature of parent/guardian (Conve Ottowaran		DUPLICA	ATE AS	NEED	

FORM 5

Preparticipation Physical Evaluation

Alison D'Halloran

Student's name

Physical Examination

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.

LIMITED		Height	Weight	BP_	/ Pulse	
	Vision R 20 / L 2	20 / Correcte	ed: Y N		Revised 20	
		Normal			I Findings	
	E	Cardiovascular				
	3	Pulses				
		Heart				
		Lungs				/
		Skin				
		E.N.T.				
COMPLETE		Abdominal				
		Genitalia (males)			/	100
		Musculoskeletal			-	
		Neck				
		Shoulder			7	
		Elbow				
		Wrist		/		
		Hand	/	/		
		Back				
		Knee				
		Ankle				
		Foot	1			
		Other	/			
Clearance	A. B. C. ue to:		Collision Contact Noncontact	Strenuous		renuous Nonstrenuous
		/				
Name of	physicia	an				Date
Address						Phone
Signature	of phys	sician		·		, M.D. or D.O.

Preparticipation Physical Evaluation HISON O'HAIIOVAN Student's name 18/36/04 Physical Examination 18/36/04				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.		
			0.00	orrected: N Sees eye or Revised 201		
	Ω		Normal	Abnormal Findings		
	LIMITED	Cardiovascular	7			
	5	Pulses	1			
		Heart				
		Lungs				
		Skin				
ا س		E.N.T.				
		Abdominal				
COMPLETE		Genitalia (males)				
NO		Musculoskeletal				
		Neck	1			
		Shoulder				
		Elbow				
		Wrist				
		Hand				
		Back				
		Knee				
	1	Ankle				
		Foot	1			
		Other	+			
		Other	_1_			
Clearand	(A B	Not cleared for: Colli	sion act contact	Strenuous Moderately strenuous Nonstrenuous		
				Huntsville Pediatric Associates		
Recomm	endatio	n:		256.888.KIDS - 256.706.1156 fax 2004 Airport Road, Suite 1 Huntsville, Alabama 35801		
Name of	nhyeisi	bnan P	27	Date September 30, 2021		
	Name of physician Date September 30, 2021 Address 2004 Airport Road, Suite 1, Huntsville, AL 35801-5338 Phone (256) 888-5437					
Signature		NRD + 1	-> /	Bellero Par (M.D.) or D.O.		
			-//	dated by the attending physician.)		