ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

Revised 2018

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History

Name Grayson Brewer Sex M Age 15y Date August 7th, 2021

Address 1904 W Tuliptree Dr, Huntsville, AL, 35803 Date of birth June 29th 2006

School Randolph School Grade 9th Phone (256)684-6848

Sport Rowing, tennis (maybe)

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)? ADD meds	☑	☐
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? only once, a while ago	☑	☐
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)? I'm a teenager, it's to be expected	☑	☐
8. Have you ever had a head injury or concussion?	☐	☒
Have you ever been knocked out or unconscious?	☐	☒
Have you ever had a seizure? Fever-related, as an infant (Febrile 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? Rarely	☑	☐
Have you ever been dizzy or passed out in the heat? only once, just dizzy	☑	☐
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? I need glasses (nearsighted)	☑	☐
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? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____	N/A	
Explain "Yes" answers:		

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

Signature of athlete Grayson Brewer Date August 7th, 2021

Signature of parent/guardian Larry Hill

DUPLICATE AS NEEDED

FORM 5

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

Preparticipation Physical Evaluation

Grayson Brewer
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

Height 74.5 Weight 134 BP 130 / 80 Pulse 79

Vision R 20 / ____ L 20 / ____ Corrected: (Y) N GLASSES

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		Normal	Abnormal Findings
LIMITED	Cardiovascular	✓	
	Pulses	✓	
	Heart	✓	
	Lungs	✓	
	Skin	✓	
COMPLETE	E.N.T.	✓	
	Abdominal	✓	
	Genitalia (males)	deferred	
	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: _____

SportsMED
WHITESBURG PLACE II
4715 WHITESBURG DR.
HUNTSVILLE AL 35802

Name of physician _____ Date 8/7/2021

Address _____ Phone _____

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

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

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