

Preparticipation Physical Evaluation

Karson Shrider

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

| | | | | |
|----------|-------------------|---|--------|-------------------|
| COMPLETE | LIMITED | Height <u>60³/₈</u> Weight <u>73.4</u> BP <u>96/60</u> Pulse <u>90</u> <u>Based on exam 8/19/21</u> | | |
| | | Vision R 20 / ___ L 20 / ___ Corrected: Y <u>(N)</u> <u>Abnl spot vscu seen - Anisometropic refer to Calderwood Optho</u> | | |
| | | | 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 Jessica Magnusson MD Date 9/7/21
 Address 211 Myers Rd #2 Madison AL 35758 Phone 256 772 2037
 Signature of physician [Signature] M.D. or D.O.
 (Form must be signed and dated by the attending physician.)