ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

Revised 2018

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History

Name Allison M. Blackwell Sex F Age 14

Date 09-09-2021

Date of birth 02-13-2007

Address 2013 Jordan Road

Phone 256-348-4664

School MCHS Grade 9 Sport Band

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?	☐	☒
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?	☐	☒
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)?	☐	☒
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?	☐	☒
9. Have you ever had heat or muscle cramps?	☐	☒
Have you ever been dizzy or passed out in the heat?	☐	☒
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?	☐	☒
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? 11-2019 When was your last menstrual period? 8-2021 What was the longest time between your periods last year? 28 days		
Explain "Yes" answers:		

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

Signature of athlete ______________________ Date ____________

Signature of parent/guardian Timothy S. Blackwell

DUPLICATE AS NEEDED

FORM 5

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

Preparticipation Physical Evaluation

Allison M. Blackwell
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, 2019, will satisfy the requirement through May 31, 2020.**

Physical Examination

Height 5ft 6in Weight 187 BP 132/84 Pulse 98

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

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			Normal	Abnormal Findings
COMPLETE	LIMITED	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) [circled]

B. Cleared after completing evaluation/rehabilitation for: ______

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

Due to: ______

Recommendation: ______

Name of physician Juanmarie Chappell MD TWICKENHAM PEDIATRICS Date 9/9/21

Address 115 MANNING DRIVE SUITE A101 Phone 533-1030

Signature of physician JMChappell MD HUNTSVILLE, AL 35801, M.D. or D.O.

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

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