ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form
Revised 2018

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History

Name: Isaiah Lerma Sex: M Age: 16 Date: ____ Date of birth: 12-29-03

Address: 101 Laceys Spring Rd. Laceys Spring AL 35754 Phone: ____

School: Homeschool Grade: ____ Sport: Fishing

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? ____
When was your last menstrual period? ____
What was the longest time between your periods last year? ____

Explain "Yes" answers: injuries were minor strains

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

Signature of athlete: [signature] 4/7/2020

Signature of parent/guardian: [signature]

DUPLICATE AS NEEDED

FORM 5

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

Preparticipation Physical Evaluation

Esaiah Lerma
Student's name

Rule 1, Sec. 11 — 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 [illegible] the student is fully able to participate in interscholastic athletics (Grades 7-12). The AHSAA Physician's 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, 2020, will satisfy the requirement through May 31, 2021.

Physical Examination

Height: 5'8 Weight: 150 BP: 118/78 Pulse: 69

Vision R 20/25 L 20/25 Corrected: (Y) N

			Normal	Abnormal Findings
LIMITED		Cardiovascular	✓	
		Pulses	✓	
		Heart	✓	
		Lungs	✓	
		Skin	✓	
COMPLETE		E.N.T.	✓	
		Abdominal	✓	
		Genitalia (males)	✓	
		Musculoskeletal	[redacted]	
		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: VINAYA K YADLA Date: 6/4/20

Address: ____ Phone: ____

Signature of physician: [signature] (M.D.) or D.O.

AMERICAN FAMILY CARE 8131 WHITESBURG DR. HUNTSVILLE, AL 35802

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

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