

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Pre-participation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

| Explain "Yes" answers below: | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has a doctor ever restricted/denied your participation in sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any ongoing medical conditions (like Diabetes or Asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you presently taking any medications or pills (prescription or over-the-counter)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you had a medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: _____ _____ _____ _____ | | |

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 _____

DUPLICATE AS NEEDED

Pre-participation Physical Evaluation

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) must be used. **A physical exam will satisfy the requirement for one calendar year from the date of the exam.**

Physical Examination

| | | | |
|---------|--|--------|-------------------|
| LIMITED | Height _____ Weight _____ BP ____ / ____ Pulse _____ | | |
| | Vision R 20 / ____ L 20 / ____ Corrected: Y N | | |
| | | 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 _____ Date _____

Address _____ Phone _____

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

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Concussion Information Form *(Required
 by AHSAA Annually.)*

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

| | |
|--|---|
| Symptoms may include one or more of the following: | |
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |

| |
|--|
| Signs observed by teammates, parents and coaches include: |
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness |

(Continued on Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

| | | |
|------------------------------|---------------------------|-------|
| _____ | _____ | _____ |
| Student-Athlete Name Printed | Student-Athlete Signature | Date |
| _____ | _____ | _____ |
| Parent Name Printed | Parent Signature | Date |

MOBILE COUNTY PUBLIC SCHOOL WAIVER/INSURANCE FORM

LAST NAME _____ **FIRST** _____ **M.I.** _____ **SEX** _____ **DATE OF BIRTH** _____
ADDRESS _____

MOBILE COUNTY PUBLIC SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE

As an athlete / athletic parent in the MCPSS Athletic program, I / We understand that participation in any sport can be a dangerous activity involving **MANY RISKS TO INJURY**. I / We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete’s general health and well-being. I / We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete’s future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. Recognizing these risks, I / We consent to the participation of my / our son / daughter in the sports program offered by MCPSS. I / We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I / We hereby grant consent to any and all health care providers designated by Mobile County Public School to provide my child any necessary medical care as a result of any injury / illness. I / We consent to participation in the following sport(s)

- | | | | | |
|---------------------------------------|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf | <input type="checkbox"/> Outdoor Track | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |

Signature of Parent / Guardian **Date** **Signature of Student** **Date**

EMERGENCY INFORMATION

PLEASE PRINT

Parent / Guardian Name: _____

Home phone: _____ Father’s Work: _____ Mother’s Work: _____

Father’s Cell: _____ Mother’s Cell: _____

HEALTH INSURANCE INFORMATION: NOTE: This MUST be completed. You must have insurance to participate. If you do not have health insurance, you can take the accident policy offered through MCPSS or All Kids. Check with your school for further information. Also, please inform us of any changes in your insurance coverage during this school year.

Carrier: _____ Policy No.: _____ Group No.: _____ Expiration Date _____

Policyholder’s name: _____ Relationship: _____

MEDICAL HISTORY: List any allergies or medical conditions: _____

In EMERGENCY, if parents cannot be contacted, notify:

Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

