ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History			ite		
Name	Sex	Age Da	ite of birth		
Address			one		
		nde Sp			
School		iue 5	JOI t		
Explain "Yes" answers below:				Yes	No
Has a doctor ever restricted/denied you	ir participation in sports?			Tes Tes	
Have you ever been hospitalized or spe				╁╬	-
Have ever had surgery?	int a riight iir a riospitar:			 	╫
Do you have any ongoing medical cond	itions (like Diabetes or Asthma)?			╁Ħ	Ħ
Are you presently taking any medication		inter?		 	-
5. Do you have any allergies (medicine, po				 	#
6. Have you ever passed out during or after		ects):			_#
Have you ever been dizzy during or aft				╁╬	-
Have you ever had chest pain or discor		cico?		╁╬┈	╫
Do you tire more quickly than your frie		user		╂╬	╫
				╂	-
Have you ever had high blood pressure					-
Have you ever been told that you have		leart intection?			
Have you ever had racing of your heart		503		╁╬	_Щ_
Has anyone in your family died of hear		ge 50?		┼╠┤┈	_#
Does anyone in your family have a hea				╀╬	_ <u></u>
Has a doctor ever ordered a test on yo				╀╚	
7. Do you have any skin problems (itching				┦ <u>₩</u>	__
8. Have you ever had a head injury or con				┦╚	_≝
Have you ever been knocked out or un	conscious?			╵ ╚	
Have you ever had a seizure?					<u> </u>
Have you ever had a stinger, burner, p		ness in your arms or	legs?		
Have you ever had heat or muscle cram					
Have you ever been dizzy or passed ou					<u> </u>
Do you have trouble breathing or do yo	ou cough during or after activity?				
Do you take any medications for asthm	na (for instance, inhalers)?				
11. Do you use any special equipment (pad	s, braces, neck rolls, mouth guard, eye	guards, etc.)?			
12. Have you had any problems with your of	eyes or vision?				
Do you wear glasses or contacts or pro	tective eye wear?				
13. Have you had any other medical proble	ms (infectious mononucleosis, diabete	s, infectious diseases	s, etc.)?		
14. Have you had a medical problem or inju	ury since your last evaluation?				
15. Have you ever been told you have sickle	e cell trait?				
Has anyone in your family had sickle co	ell disease or sickle cell trait?				
16. Have you ever sprained/strained, disloc	cated, fractured, broken or had repeate	ed swelling or other			
injuries of any bones or joints?					
☐ Head ☐ Back ☐ Shoulder ☐ Fo	orearm 🔲 Hand 🔲 Hip 🔲 Knee	☐ Ankle			
☐ Neck ☐ Chest ☐ Elbow ☐ W	/rist 🔲 Finger 🔲 Thigh 🔲 Shin	Foot			
17. When was your first menstrual period?					
When was your last menstrual period?					
What was the longest time between yo	ur periods last year?				
Explain "Yes" answers:					
				1	
I hereby state that, to the best of my knowledge,	my answers to the above questions are	e correct.			
Signature of athlete	Da	te			
Signature of parent/guardian			DUPLIC	ATE AS	NEEDI

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Preparticipation 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

Height Weight BP / Pulse					
		Vision R 20 / L 20 / Corrected: Y N			
			Normal	Abnormal Findings	
	LIMITED	Cardiovascular			
		Pulses			
		Heart			
		Lungs			
		Skin			
		E.N.T.			
		Abdominal			
Genitalia (males) Musculoskeletal					
		Neck			
		Shoulder			
		Elbow			
		Wrist			
		Hand			
		Back			
		Knee			
		Ankle			
		Foot			
		Other			
Clearand	А. В.	Not cleared for: ☐ Co	ollision ontact	ehabilitation for: Strenuous Moderately strenuous Nonstrenuous	
D	ue to:				
Recomm					
Name of	physicia			Date	
				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:

- 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

- 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:

- 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)

AHSAA Concussion Information Form (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 <u>shall not return that day</u>. Following the day the concussive symptoms occur, the student-athlete may return to practice or play <u>only after a</u> 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



Participant Agreement, Consent, And Release

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. Thereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

 Thereany give concerns any ormal manages	rando pato in any 7 in 167 il 1160	boginized of earloadined opent <u>EX</u>	or the following sport(s)
List sport(s) exceptions here			

- B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.
- D. I agree that in the event I/we pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court.

I HAVE READ THIS CAREFULLY AND KI	NOW IT CONTAINS A RELEASE (Only one parently	guardian signature is required)
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	/
I HAVE READ THIS O	CAREFULLY AND KNOW IT CONTAINS A RELEASE (stu	udent must sign)
Name of Student (printed)	Signature of Student	/