

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form
Revised 2018

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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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain or discomfort in your chest during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
<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		
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

FORM 5

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

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 (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, 2023, will satisfy the requirement through May 31, 2024.

Student's name _____

Physical Examination

<div style="writing-mode: vertical-rl; transform: rotate(180deg);">COMPLETE</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">LIMITED</div>	Height _____ Weight _____ BP _____ / _____ Pulse _____			
		Vision R 20 / _____ L 20 / _____ Corrected: Y N			
			Normal	Abnormal Findings	
		Cardiovascular			
		Pulses			
		Heart			
		Lungs			
	Skin				
	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">COMPLETE</div>	E.N.T.			
		Abdominal			
		Genitalia (males)			
		Musculoskeletal			
		Neck			
		Shoulder			
		Elbow			
		Wrist			
		Hand			
		Back			
		Knee			
		Ankle			
Foot					
Other					

Revised 2018

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. (Circle one)
(Form MUST be signed and dated by the attending physician even if physical was completed by a CRNP or PA.)

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

If you already have a DragonFly account DO NOT create a new account. IF you are changing schools go to the "Connect to School or Association" Tab, click this tab and follow the prompts to add your new school. *See the image on the back.*

Below are the codes for our 2 schools

<u>School</u>	<u>Code</u>
Springville High School	ZP7KJC
Springville Middle School	C28R3X

After the account has been created, please proceed through the required documents.

1) Demographics

2) Concussion form: *Please* fill this form out electronically.

3) Participation Form: *Please* fill this form out electronically.

4) Preparticipation form: This is the front of the physical. *Please* fill this form out electronically.

5) Physical form: This is the back of the Physical Form. Upload a picture of the back of the physical. Make sure that everything can be read and seen in the picture.

A) make sure the picture is clear and includes the whole sheet. Sometimes people cut off the Doctor's Signature.

B) Make sure the student's name is on the top left line.

C) Make sure it is a Doctor's Signature not a nurse practitioner and it must be marked MD or DO.

D) Make sure the doctor's office dates the back of the physical.

6) Birth Certificate: Upload an image of the Birth Certificate.

7) NFHS Sportsmanship Certificate: Students can use the link

<http://nfhslearn.com/courses/sportsmanship-2>

if you open the NFHS Sportsmanship Certificate slot on Dragonfly it has the link listed there. Students can use this link to take the course.

8) Upload images of student's Medical insurance.

This is the view from the computer.

This is the view from the computer.

Student Name

DOB: None | GRAD YEAR: None

Send Message

Merge

Connect To School Or Association

Get Ready

Vault

Injuries & Illnesses

Transcript

Springville High School

2023-24

2022-23

Contact Info

Needs Update

Medical Info

ALLERGIES: None

MED COND: None

MDICATIONS: None

INJURIES: None

GROUP NUMBER: None

POLICY NUMBER: None

MEDICAL STATUS

CLEARED PLAY

CLEARED PHYSICAL

Insurance Front

Insurance Back

Needs Update

Physical

No Physical On File

Add physical

is waiting to be added as Athlete to Springville High School (ZP7KJC)

ATH

Approve

Delete

Things to do for Name at Springville High School ZP7KJC

IV 2022-23

Add / Change Sports

ATH

Prep for 2023 - 24 Athlete Eligibility

0%

Get Started

Prep for 2022 - 23 Athlete Eligibility

0%

Get Started

St. Clair County Athlete Handbook Acknowledgement Form

No Document On File

Assigned 08/17/2020

Fill Out

GET STARTED WITH DRAGONFLY



DragonFly makes sports and activities more organized with easy-to-use digital forms, health records and team communication tools.



PARENTS & STUDENTS

- 1 Download the DragonFly MAX app from the App Store or Google Play.
- 2 Tap 'Get Started' and 'Sign Up for Free' then follow the prompts to create your Parent account with your own email address.
Note: please do not create an account with your child's name or contact information – you will get the chance to add your child soon!
- 3 Verify your account with the verification ID sent to your email address.
- 4 Tap 'Connect to your school' to select 'Parent' as your role and search for your child's school.
- 5 After selecting your child's school, tap 'Join' to request access. An administrator at your school will approve your request.
- 6 Tap 'Set up your children' and follow the prompts to add your kid(s) and fill out their participation forms.



ATHLETIC DIRECTORS, COACHES & SCHOOL ADMINISTRATORS

- 1 Visit dragonflymax.com and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' to create your account with your school email address.
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click the 'Get Started' button to select your role and search for your school.
- 5 After selecting your school, tap 'Join' to request access. You will see a list of administrators at your school who can approve your request. If you're the first person to request access to your school, a member of the DragonFly team will verify your role and approve your request.

PREFER TO DO THIS ON YOUR COMPUTER?

Visit dragonflymax.com and click 'Log In/Sign Up' to get started.