

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

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

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?		

Physical Examination