

# ALABAMA INDEPENDENT SCHOOL ASSOCIATION PHYSICAL EXAMINATION FORM

(Completed by Physician)

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_  
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/\_\_\_\_\_ LEFT 20/\_\_\_\_\_ CORRECTED \_\_\_\_\_ UNCORRECTED \_\_\_\_\_

DATE OF LAST MENSTRUAL PERIOD \_\_\_\_\_

|                           | CHECK ONE               | IF ABNORMAL, EXPLAIN |
|---------------------------|-------------------------|----------------------|
| 1. Skin                   | Normal ( ) Abnormal ( ) | _____                |
| 2. Head & Neck            | Normal ( ) Abnormal ( ) | _____                |
| 3. Eyes                   | Normal ( ) Abnormal ( ) | _____                |
| 4. Ears, Nose, & Throat   | Normal ( ) Abnormal ( ) | _____                |
| 5. Teeth & Mouth          | Normal ( ) Abnormal ( ) | _____                |
| 6. Lungs & Chest          | Normal ( ) Abnormal ( ) | _____                |
| 7. Cardiovascular         | Normal ( ) Abnormal ( ) | _____                |
| 8. Abdomen & Lymphatics   | Normal ( ) Abnormal ( ) | _____                |
| 9. Genitalia/Hernia       | Normal ( ) Abnormal ( ) | _____                |
| 10. Orthopedic Screening: |                         |                      |
| a. upper extremities      | Normal ( ) Abnormal ( ) | _____                |
| b. lower extremities      | Normal ( ) Abnormal ( ) | _____                |
| c. spine & back           | Normal ( ) Abnormal ( ) | _____                |
| 11. Neurological          | Normal ( ) Abnormal ( ) | _____                |

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in athletics.

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, I performed the above limited examination on \_\_\_\_\_ of the \_\_\_\_\_ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS \_\_\_\_\_ IS NOT \_\_\_\_\_ physically able to participate in ALL \_\_\_\_\_ \*LIMITED \_\_\_\_\_ athletic events of the school.

\_\_\_\_\_  
PHYSICIAN (M.D. or D.O.)

\*EXPLAIN LIMITATIONS/EXCLUSION

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# ALABAMA INDEPENDENT SCHOOL ASSOCIATION MEDICAL HISTORY FORM

(Please Print)

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL NAME OF STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE: BLACK \_\_\_\_\_ WHITE \_\_\_\_\_ OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
Street City State Zip

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT/ACTIVITY \_\_\_\_\_

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION. WITHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

- |    | HAS THE STUDENT EVER:  | CHECK ONE      | IF YES, EXPLAIN |
|----|--|----------------|-----------------|
| 1. | a. been knocked out?   | Yes ( ) No ( ) | _____           |
|    | b. had a concussion?   | Yes ( ) No ( ) | _____           |
|    | c. stayed overnight in a hospital?   | Yes ( ) No ( ) | _____           |
|    | d. had an operation?   | Yes ( ) No ( ) | _____           |
|    | e. had heat exhaustion or heat stroke?   | Yes ( ) No ( ) | _____           |
|    | f. had a head or neck injury?  | Yes ( ) No ( ) | _____           |
|    | g. had a back or spinal injury?  | Yes ( ) No ( ) | _____           |
|    | h. had a heart murmur?   | Yes ( ) No ( ) | _____           |
|    | i. had high blood pressure?  | Yes ( ) No ( ) | _____           |
|    | j. had a heart problem?  | Yes ( ) No ( ) | _____           |
|    | k. fainted while doing exercise?   | Yes ( ) No ( ) | _____           |
| 2. | DOES THE STUDENT:  |                |                 |
|    | a. take medicine every day?  | Yes ( ) No ( ) | _____           |
|    | b. wear glasses or contact lenses?   | Yes ( ) No ( ) | _____           |
|    | c. wear dental appliances?   | Yes ( ) No ( ) | _____           |
|    | d. wear hearing aids?  | Yes ( ) No ( ) | _____           |
|    | e. have any allergies?   | Yes ( ) No ( ) | _____           |
|    | f. have any chronic illnesses (i.e. diabetes, asthma, seizures)?   | Yes ( ) No ( ) | _____           |
|    | g. have any body parts missing (i.e. kidney, finger)?  | Yes ( ) No ( ) | _____           |
| 3. | HAS THE STUDENT'S MOTHER, FATHER, BROTHER OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE? |                |                 |
|    |  | Yes ( ) No ( ) | _____           |
| 4. | HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION?  |                |                 |
|    |  | Yes ( ) No ( ) | _____           |
| 5. | HAS THE STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE:   |                |                 |
|    | a. hand?   | Yes ( ) No ( ) | _____           |
|    | b. wrist?  | Yes ( ) No ( ) | _____           |
|    | c. arm?  | Yes ( ) No ( ) | _____           |
|    | d. foot?   | Yes ( ) No ( ) | _____           |
|    | e. ankle?  | Yes ( ) No ( ) | _____           |
|    | f. leg?  | Yes ( ) No ( ) | _____           |
|    | g. other?  | Yes ( ) No ( ) | _____           |
| 6. | IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS?                                     |                |                 |
|    |  | Yes ( ) No ( ) | _____           |
|    |  | Activity       | _____           |

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son ( ), daughter ( ), ward ( ) and that the responses to the preceding questions are correct.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT ( ) OR GUARDIAN ( )

## CONSENT TO TREAT

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a minor, authorize the \_\_\_\_\_ representative to obtain the necessary medical treatment for any physical illness and/or injury incurred while participating.

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION**

**Concussion Information Form**

(Required by AISA starting with the 2011-12 school year.)

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.

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

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

(Continued on Page 2)

## **AISA 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.

**AISA 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 concussion 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 AISA 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 AISA 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 after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without 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, coinciding with the AISA Concussion Policy in effect since 2010.

**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

## AISA PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

- I. The school agrees to provide:
- A. Supervision
  - B. Instruction
  - C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
  - D. A safety orientation program for all participants
  - E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent(s) /guardian(s).
  - F. A rules orientation program covering:
    1. rules of the sport;
    2. rules of behavior, dress and appearance;
    3. rules promoting safety and injury prevention;
    4. rules regulating conduct, procedures and action following an injury.
  - G. (For local use)
  - H. “
  - I. “
- II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:
- A. Coaching Techniques
  - B. Rules of the game
  - C. Injury prevention and safety precaution
  - D. Player equipment care and purpose
  - E. Physical conditioning
  - F. Transportation
  - G. Player accountability
  - H. School’s insurance program
  - I. The hazards connected with the use of chemicals (steroids) to enhance performance
  - J. The possibility of injury, even serious injury, while participating
  - K. (For local use)
  - L. “
  - M. “

My (son / daughter) has my permission to participate in \_\_\_\_\_ (Sport)

at \_\_\_\_\_ (School).

Signed: \_\_\_\_\_  
Parent ( ) or Guardian ( )      Date \_\_\_\_\_

Signed: \_\_\_\_\_  
Participant      Date \_\_\_\_\_