ALABAMA CHRISTIAN SPORTS CONFERENCE

Preparticipation Physical Evaluation Form Revised 2018

Revised 2018

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?	☐	☐
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	☐	☐
4. Are you presently taking any medications or pills (prescription or over-the-counter?	☐	☐
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	☐	☐
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)?	☐	☐
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	☐	☐
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?	☐	☐
9. Have you ever had heat or muscle cramps?	☐	☐
Have you ever been dizzy or passed out in the heat?	☐	☐
10. Do you have trouble breathing or do you cough during or after activity?	☐	☐
Do you take any medications for asthma (for instance, inhalers)?	☐	☐
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	☐	☐
12. Have you had any problems with your eyes or vision?	☐	☐
Do you wear glasses or contacts or protective eye wear?	☐	☐
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	☐	☐
14. Have you had a medical problem or injury since your last evaluation?	☐	☐
15. Have you ever been told you have sickle cell trait?	☐	☐
Has anyone in your family had sickle cell disease or sickle cell trait?	☐	☐
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? ☐ Head ☐ Back ☐ Shoulder ☐ Forearm ☐ Hand ☐ Hip ☐ Knee ☐ Ankle ☐ Neck ☐ Chest ☐ Elbow ☐ Wrist ☐ Finger ☐ Thigh ☐ Shin ☐ 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

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

Preparticipation Physical Evaluation

Student's name

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, 2026, will satisfy the requirement through May 31, 2027.**

Physical Examination

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20 / ____ L 20 / ____ Corrected: Y N

Revised 2018

		Normal	Abnormal Findings
LIMITED	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
COMPLETE	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. (Circle one)

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

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Alabama Christian Sports Conference
AGREEMENT OF EXPECTATION AND RESPONSIBILITY FOR SPORTS PARTICIPATION

The Alabama Christian Sports Conference (ACSC) allows its Member Institutions (MI) to draw student-athletes from an Approved Academic Organization (AAO) for the purpose of participating in the sports program of the MI.

EXPECTATIONS AND RESPONSIBILITIES OF THE APPROVED ACADEMIC ORGANIZATION

- The AAO functions as a private, church, or home school as defined by the education laws of the state of Alabama.
- The AAO does not provide the sport(s) that their student-athlete will participate in for the ACSC.
- The AAO will complete an Academic Validation form for the student-athletes enrolled in their school when requested to do so by the MI. This form validates the grade in which the student-athlete is enrolled and that the student-athlete meets the minimum academic eligibility requirement of the ACSC to "maintain a 2.0 average on a 4.0 scale at the end of each grading period throughout the season." (ACSC Bylaw 3.3)

Please sign below indicating that you have read this document and are in agreement with it.

_____ _____
Principal/Headmaster/Administrator Date

School Name _____

EXPECTATIONS AND RESPONSIBILITIES OF THE ACSC AND THE MEMBER INSTITUTION

- Provide the AAO with a copy of the most recent ACSC Bylaws.
- Oversee and approve the relationship between the Member Institution and the AAO.
- Provide the AAO with Academic Validation forms and the names of the student-athletes participating in sports with the ACSC through the MI in a timely manner.
- Be a resource for help with any questions or concerns that arise out of the AAO's relationship with either the MI or the ACSC.

Please sign below indicating that you have read this document and are in agreement with it.

Mike Long *2026-27 School Year*
Mike Long, ACSC Commissioner Date