



Arizona Interscholastic Association, Inc.

ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 North 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Name Sex Age Date of Birth Grade
Address Phone
In case of emergency, contact: Name:
Explain "Yes" answers below. Circle questions you don't know the answer to. Phone (H): (W) Cell Phone:

1. Have you had a medical illness or injury since your last check-up or sports physical?
2. Have you ever been hospitalized overnight?
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
4. Do you have any allergies to medications?
5. Have you ever passed out during or after exercise?
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
7. Have you ever had a head injury or concussion?
8. Have you ever become ill from exercising in the heat?
9. Do you cough, wheeze, or have trouble breathing during or after activity?
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?
11. Have you had any problems with your eyes or vision?
12. Have you ever had a sprain, strain, or swelling after injury?
13. Do you want to weigh more or less than you do now?
14. Do you feel stressed?
15. Do you or have you ever used: Smokeless tobacco, Cigarettes, Alcohol, Recreational drugs?
16. Females Only: When was your first menstrual period? When was your most recent menstrual period? How much time do you usually have from the start of one period to the start of another? How many periods have you had in the last year? What was the longest time between periods in the last year?

Explanation:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that truthful and accurate information is essential in properly determining whether the student should be cleared for athletic participation. I hereby consent for the student named above, to be given medical care by the doctor selected by the school.

Signature of Parent/Guardian Signature of Student Athlete Date
FORM 15.7-A 6/08



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
 7007 North 18th Street, Phoenix, Arizona 85020-5552
 Phone: (602) 385-3810

ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

ANNUAL PHYSICAL EXAMINATION

Name: _____ Date: _____
 Height: _____ Weight: _____ Pulse: _____ BP: _____
 Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials*
Medical			
Appearance	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
Eyes/Ears/Nose	<input type="checkbox"/>		
Throat/ Oropharynx	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitalia/ Hernia	<input type="checkbox"/>		
Musculoskeletal			
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>		
Foot	<input type="checkbox"/>		

*Station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

 Not Cleared for: _____ Reason: _____
Recommendations: _____

 Name of Physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of Physician _____ **MD/DO/NP/PA-C**