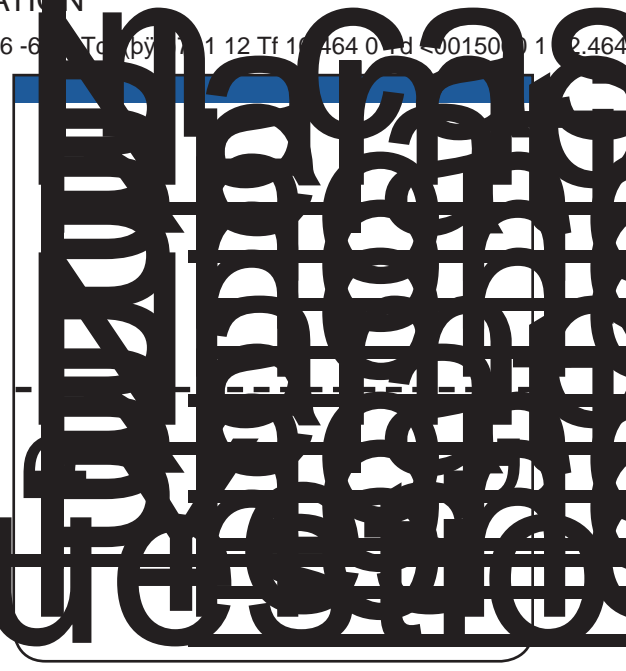


20 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form p.zth assistanc5r yT0 12 Tf l -6202.546 -6 Tc (p) 1 12 Tf 1 464 0 rd 00150 1 2.464



# Explain

	Y	N																		
1) Has a doctor ever denied or restricted your participation in sports for any reason?																				
2) Do you have an ongoing medical conditional (like diabetes or asthma)?																				
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____																				
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____																				
5) Does your heart race or skip beats during exercise?																				
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure      A Heart Murmur      High Cholesterol      A Heart Infection																				
7) Have you ever spent the night in a hospital?																				
8) Have you ever had surgery?																				
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)																				
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):																				
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Head</td> <td style="width: 16.6%;">Neck</td> <td style="width: 16.6%;">Shoulder</td> <td style="width: 16.6%;">Upper Arm</td> <td style="width: 16.6%;">Elbow</td> <td style="width: 16.6%;">Forearm</td> </tr> <tr> <td>Hand/Fingers</td> <td>Chest</td> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> </tr> <tr> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes				
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm															
Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh															
Knee	Calf/Shin	Ankle	Foot/Toes																	





Vision: R20/\_\_\_\_ L20/\_\_\_\_  
 Pupils: Equal Unequal

BP: \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_ )  
 Corrected: Y N

	Normal	Abnormal Findings	Initials *
Medical		<b>Name:</b> _____	
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart		<b>Age:</b> _____	
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal		<b>Height:</b> _____	
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee		<b>% Body Fat</b>	
Leg/Ankle			
Foot/Toes			

\* - Multi-examiner set-up only  
 & - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction  
 Cleared With Following Restriction: \_\_\_\_\_  
 Not Cleared For: All Sports Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP

ARIZONA INTERSCHOLASTIC ASSOCIATION  
7007 N. 18TH ST., PHOENIX, ARIZONA 85020-5552  
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