



## 2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ___/___ (___/___, ___/___)
Vision: R20/___ L20/___	Corrected: Y___ N___
Pupils: Equal___ Unequal___	

	Normal	Abnormal Findings	Initials*
<b>Medical</b>			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: \_\_\_\_\_

Cleared Without Restriction

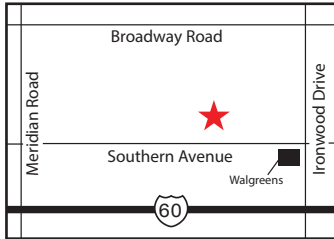
Not Cleared For:  All Sports  Certain Sports \_\_\_\_\_  Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

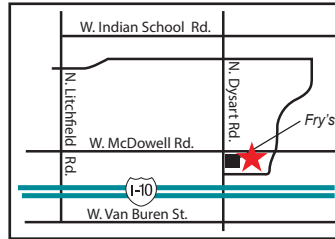
Name of Physician(Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

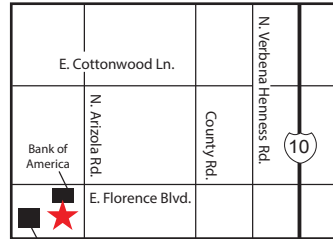
Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



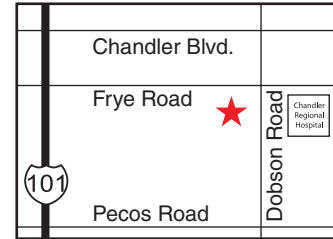
**Apache Junction • 85120**  
 2080 West Southern Ave., Suite #A1



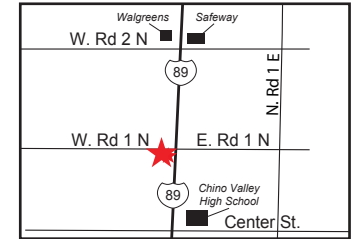
**Avondale • 85392**  
 13075 W. McDowell Rd., Suite #D106



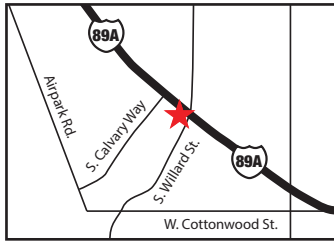
**Casa Grande • 85122**  
 1683 E. Florence Blvd., Suite #7



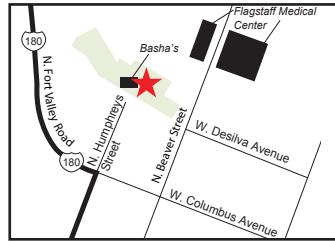
**Chandler • 85224**  
 600 S. Dobson Road, Suite #C-26



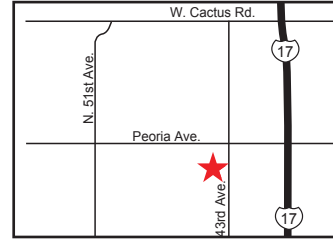
**Chino Valley • 86323**  
 474 State Highway 89



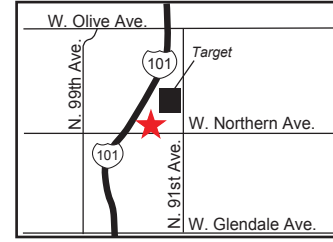
**Cottonwood • 86326**  
 450 S. Willard Street, Suite #120



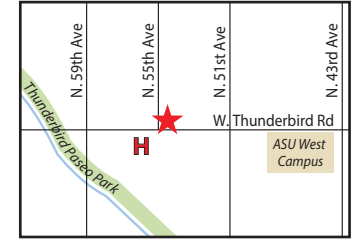
**Flagstaff • 86001**  
 1000 N. Humphreys St., Suite #104



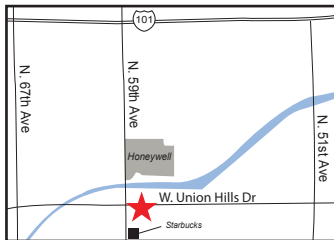
**Glendale • 85302**  
 10240 N. 43rd Ave., Suite #3



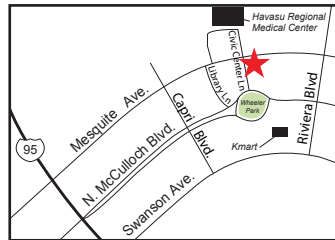
**Glendale • 85305**  
 9494 W. Northern Ave., Suite #101



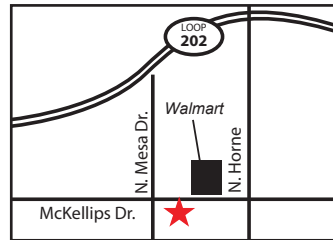
**Glendale • 85306**  
 5410 W. Thunderbird Road, Suite #101



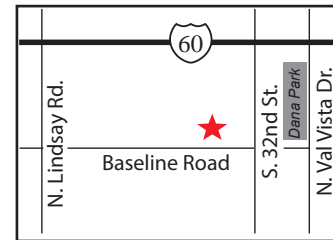
**Glendale • 85308**  
 18589 N. 59th Ave., Suite #101



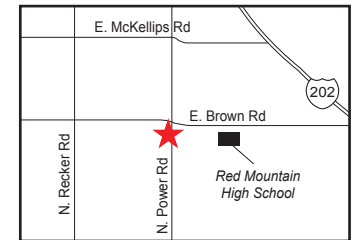
**Lake Havasu City • 86403**  
 1810 Mesquite Ave., Suite B



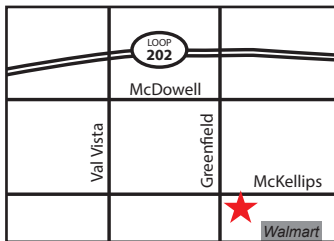
**Mesa • 85203**  
 535 E. McKellips Road, Suite #101



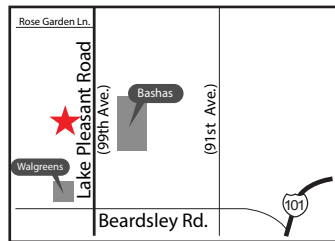
**Mesa • 85204**  
 3130 E. Baseline Road, Suite #105



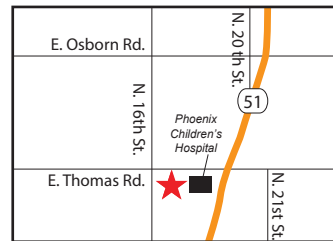
**Mesa • 85205**  
 1066 N. Power Road, Suite #101



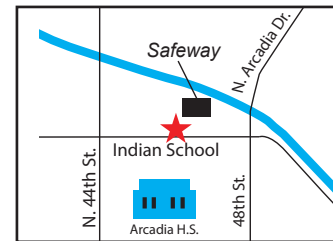
**Mesa • 85215**  
 4401 E. McKellips Road, Suite #102



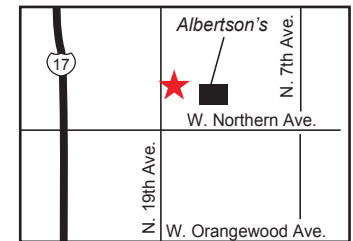
**Peoria • 85382**  
 20470 N. Lake Pleasant Rd., Suite #102



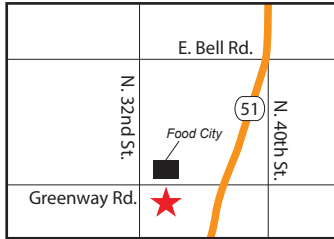
**Phoenix • 85016**  
 1701 E. Thomas Road, Suite #A104



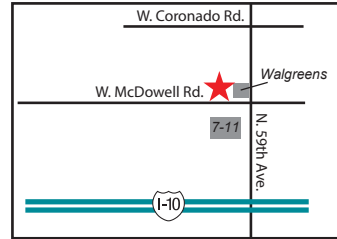
**Phoenix • 85018**  
 4730 E. Indian School Rd., Suite #211



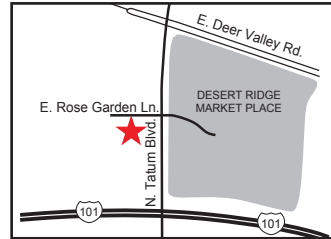
**Phoenix • 85021**  
 8101 N. 19th Ave., Suite #A



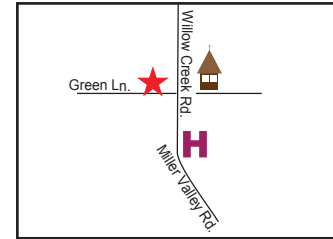
**Phoenix • 85032**  
 3229 E. Greenway Rd., Suite #102



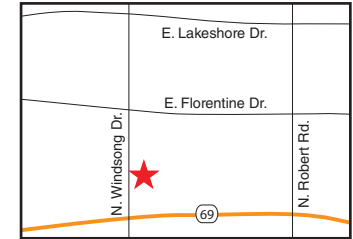
**Phoenix • 85035**  
 5920 W. McDowell Road



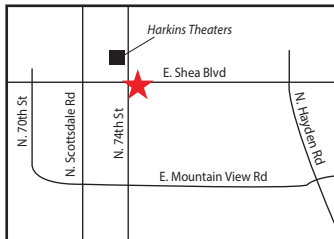
**Phoenix • 85050**  
 20950 N. Tatum Blvd., Suite #190



**Prescott • 86301**  
 2062 Willow Creek Road



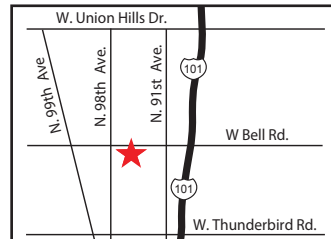
**Prescott Valley • 86314**  
 3051 N. Windsong Drive



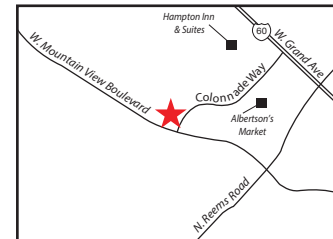
**Scottsdale • 85260**  
 7425 E. Shea Blvd., Suite #108



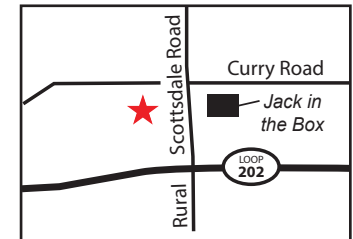
**Sedona • 86336**  
 2530 W. SR 89A, Suite #A



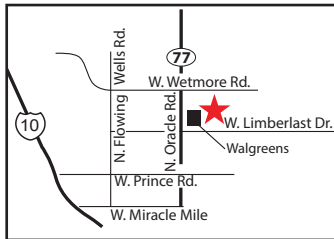
**Sun City • 85351**  
 9745 W. Bell Road, Suite #105



**Surprise • 85374**  
 14800 W. Mtn. View Blvd., Suite #100



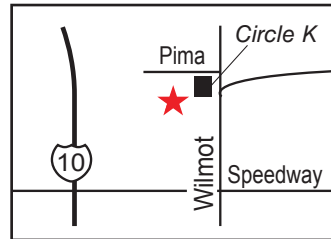
**Tempe • 85281**  
 914 N. Scottsdale Rd., Suite #104



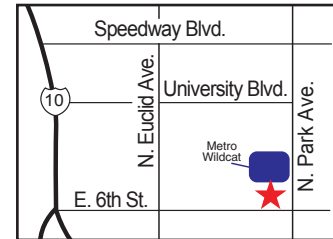
**Tucson • 85705**  
 4280 North Oracle Rd., Suite #100



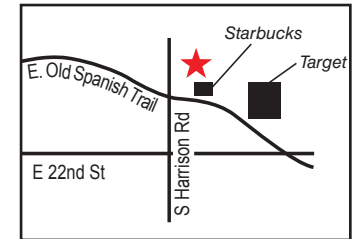
**Tucson • 85706**  
 5369 S. Calle Santa Cruz, Suite #145



**Tucson • 85712**  
 6238 E. Pima Street



**Tucson • 85719**  
 501 North Park Ave., Suite #110



**Tucson • 85748**  
 9525 E. Old Spanish Trail, Suite #101



## 2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Exam Date: \_\_\_\_\_

Name:
Home Address:
Phone:
Date of Birth:
Age:
Sex:
Grade:
School:
Sport(s):
Personal Physician:
Hospital Preference:

In case of emergency, contact:
Name:
Relationship:
Phone (Home):
(Work):
(Cell):
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on following page.  
 Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
* 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):	<input type="checkbox"/>	<input type="checkbox"/>
Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes <input type="checkbox"/>		
1		





## 2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

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

Student Name:  Date of Birth:

### Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

### Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:		
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:		
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

#### Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP \_\_\_\_\_ Date: \_\_\_\_\_