

2011-2012 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Date of birth _____ Age _____ Sex _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____ , ____ / ____)

Vision R 20 / ____ L 20 / ____ Corrected: Y N Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
MUSCULOSKELETAL			
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

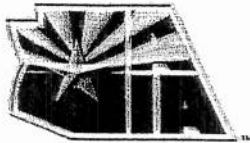
Not cleared for: All sports Certain sports: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD / DO / NP / PA-C



ARIZONA INTERSCHOLASTIC ASSOCIATION

7007 North 18th Street, Phoenix, Arizona 85020-5552

Phone: (602) 385-3810

Exam Date _____

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

Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____
School _____ Sport(s) _____
Address _____ Phone _____
Personal Physician _____ Hospital Preference _____
In case of emergency, contact:
Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____
Name _____ Relationship _____ Phone (H): _____ (W): _____ (C) _____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

Table with columns YES, NO and rows of 48 physical evaluation questions. Includes a 'FEMALES ONLY' section for questions 46-48 and an 'Explain "Yes" answers here' section at the bottom.

I hereby state that, to the best of my knowledge, my answers to 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