

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.)

lame		ex	_Age	Date of Birth	Grade _		
ddress				Phone	<u> </u>	_	
n case of emergency, contact: Name:						_	
Explain "Yes" answers below. Circle questions you don't know the answer to.			(W)				
	Ce	ell Phone:	i				
	Yes	No				Yes	No
Have you had a medical illness or injury since your last check-up or sports physical?	0	0		ough, wheeze, or have troub	ole breathing during or	0	0
Do you have an ongoing or chronic illness?	0	0	after activ	ave asthma?			0
Are you currently being treated for an injury or condition?	ŏ			se an inhaler?			ŏ
			Do you ha	ave seasonal allergies that re	equire medical treatment?	O	O
Have you ever been hospitalized overnight? Have you ever had surgery?	0	0	10 Do vou us	se any special protective or o	corrective equipment		
Are you ever had surgery: Are you currently taking any prescription or nonprescription	U			s that aren't usually used for			
(over-the-counter) medications or pills or using an inhaler?	O	О	(for exam	ple, knee brace, special nec	k roll, foot orthotics,	О	O
			retainer o	n your teeth, hearing aid)? _			
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	O	0	11 Have you	ı had any problems with you	ur avas or vision?	0	O
gain or lose weight or improve your performance:	O		Do you w	ear glasses, contacts, or pro	otective eyewear?		Ö
Do you have any allergies to medications?		О			•		
Do you have any allergies to pollen, food or stinging insects?	O	О		ever had a sprain, strain, o		O	O
Have you ever had a rash or hives develop during or after			Have you joints?	broken or fractured any bon	ies or dislocated any	0	O
exercise?	O	0		had any other problems with	h pain or swelling in	U	U
	_			tendons, bones, or joints?		O	O
Have you ever passed out during or after exercise?	O	-					
Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise?	0		O Head	If yes, check appropriate b O Elbow			
Do you get tired more quickly than your friends during exercise?	Ö						
Have you ever had racing of your heart or skipped heartbeats?	Ö		O Back	O Forearm O Wrist	O Knee		
Have you had high blood pressure or high cholesterol?	O		O Back O Chest O Shoulder	O Hand	O Shin/calf		
Have you ever been told you have a heart murmur?	O	О	O Shoulder	O Finger			
Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month?	O	0	O Upper arr	II	O Foot		
Has a doctor ever denied or restricted your participation in	Ü		13. Do you w	vant to weigh more or less th	nan you do now?	O	O
sports for any heart problems?	O			se weight regularly to meet	weight requirements		
Has anyone in your immediate family had the following conditions? Diabetes Heart disease other	O	О	for your s	port?		О	O
Sudden death prior to age 50High Blood Pressure	_		14. Do you fe	eel stressed?		O	O
Do you have any current skin problems (for example, itching,			20 ,04	50.00.0000		Ü	
rashes, acne, warts, fungus, or blisters)?	O			r have you ever used:		O	O
Have you ever had a head injury or concussion?	O	О			garettes		
Have you ever been knocked out, become unconscious, or lost your memory?	0	O	AICOHOI_	Re	ecreational drugs		
Have you ever had a seizure?		ŏ	Females Or	nly			
Do you hav e frequent or severe headaches?	O	О	16. When wa	as y our first menstrual periods s your most recent menstrua	d?		
Have you ever had numbness or tingling in your arms, hands,	0	0	When was	s your most recent menstrua	al period?	4 - 41	
legs, or feet? Have you ever had a stinger, burner, or pinched nerve?		0	of another	h time do you usually have fi	rom the start of one period	to the	start
Have you ever become ill from exercising in the heat?		o	How man	v periods have you had in th	e last year?		
· · · · · · · · · · · · · · · · · · ·			What was	the longest time between p	eriods in the last year?		
planation:			`				
nereby state that, to the best of my knowledge, my a							
understand and acknowledge that truthful and accur	rate i	nformatio	n is essenti	ial in properly determ	ining whether the st	tuden	<u>t</u>
hould be cleared for athletic participation.							
nereby consent for the student named above, to be	aiven	n medical	care by the	doctor selected by th	ne school.		
ereby consent for the student named above, to be	9.00.						
ereby consent for the student fiamed above, to be	givei		,				