



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			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*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**