



2018-19 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: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

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

Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the 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?		
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)		
Head Neck Shoulder Upper Arm Elbow Forearm		
Hand/Fingers Chest Upper Back Lower Back Hip Thigh		
Knee Calf/Shin Ankle Foot/Toes		

Y N

- 12) Have you ever had a stress fracture?
- 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 14) Do you regularly use a brace or assistive device?
- 15) Has a doctor told you that you have asthma or allergies?
- 16) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 17) Is there anyone in your family who has asthma?
- 18) Have you ever used an inhaler or taken asthma medication?
- 19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?
- 20) Have you had infectious mononucleosis (mono) within the last month?
- 21) Do you have any rashes, pressure sores or other skin problems?
- 22) Have you had a herpes skin infection?
- 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?
- 24) Have you ever had a seizure?
- 26) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 27) While exercising in the heat, do you have severe muscle cramps or become ill?
- 28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 29) Have you ever been tested for sickle cell trait?
- 30) Have you had any problems with your eyes or vision?
- 31) Do you wear glasses or contact lenses?
- 32) Do you wear protective eyewear, such as goggles or a face shield?
- 33) Are you happy with your weight?
- 34) Are you trying to gain or lose weight?
- 35) Has anyone recommended you change your weight or eating habits?
- 36) Do you limit or carefully control what you eat?
- 37) Do you have any concerns that you would like to discuss with a doctor?

Females Only

Explain "Yes" Answers Here

	Y	N
38) Have you ever had a menstrual period?		
39) How old were you when you had your first menstrual period?		_____
40) How many periods have you had in the last year?		_____



2018-19 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

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)		
9) Are there any family members who died suddenly of "heart problems" before age 50?		
10) Are there any family members who have unexplained fainting or seizures?		
11) Are there any relatives with certain conditions, such as:		
Y N		
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm Problems		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, Age 50 or Younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth		

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.

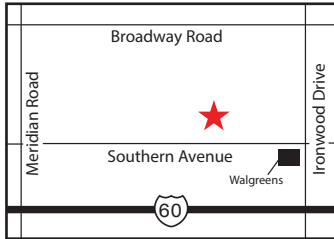
 Signature of Athlete

 Signature of Parent/Guardian

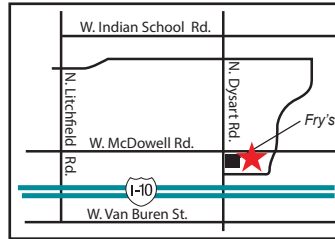
 Date

 Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

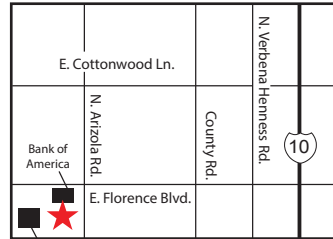
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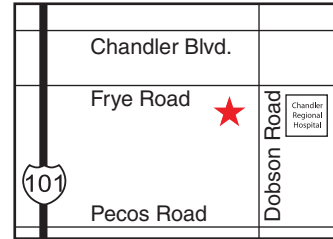
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 2080 West Southern Ave., Suite #A1



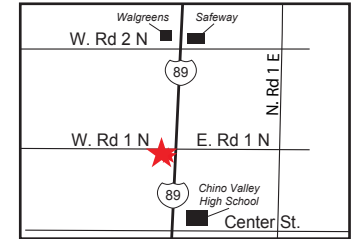
Avondale • 85392
 13075 W. McDowell Rd., Suite #D106



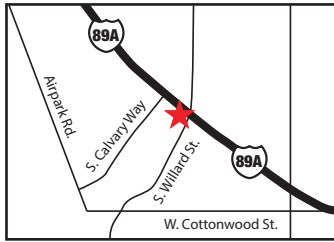
Casa Grande • 85122
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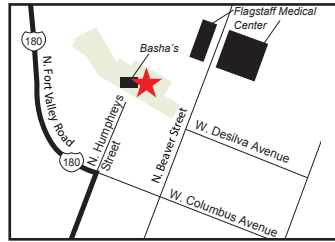
Chandler • 85224
 600 S. Dobson Road, Suite #C-26



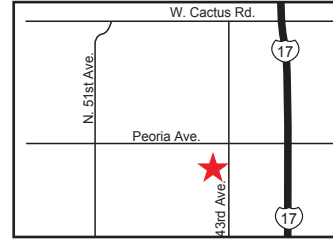
Chino Valley • 86323
 474 State Highway 89



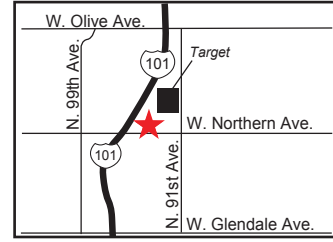
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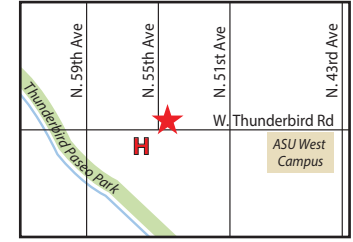
Flagstaff • 86001
 1000 N. Humphreys St., Suite #104



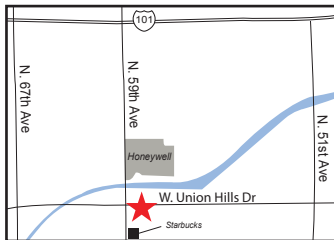
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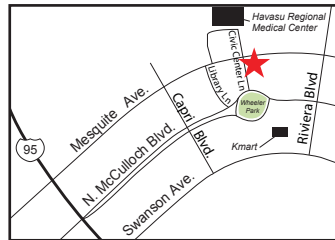
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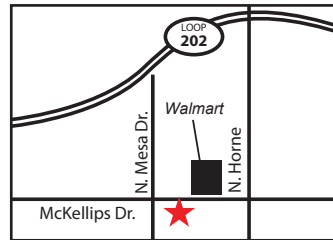
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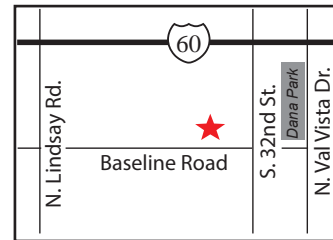
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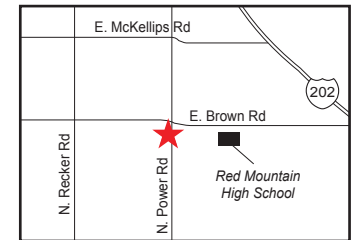
Lake Havasu City • 86403
 1810 Mesquite Ave., Suite B



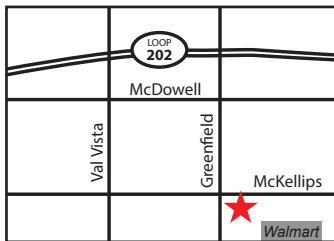
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 535 E. McKellips Road, Suite #101



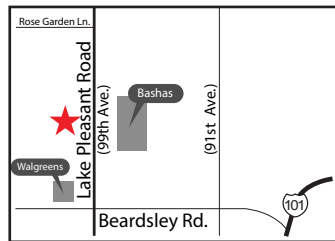
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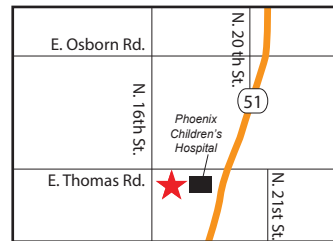
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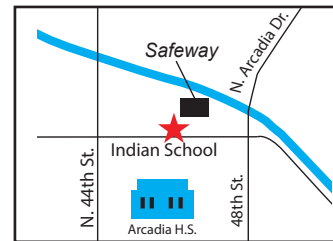
Mesa • 85215
 4401 E. McKellips Road, Suite #102



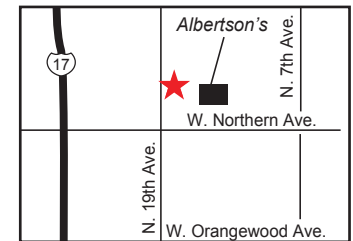
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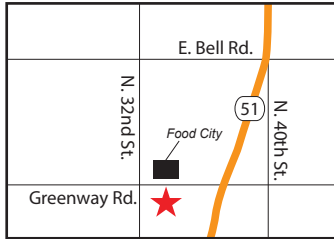
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 1701 E. Thomas Road, Suite #A104



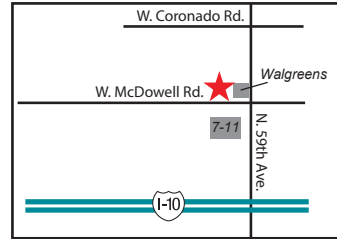
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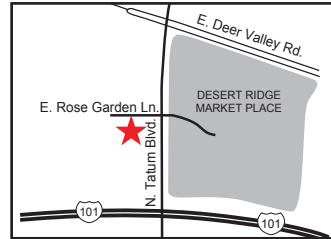
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 8101 N. 19th Ave., Suite #A



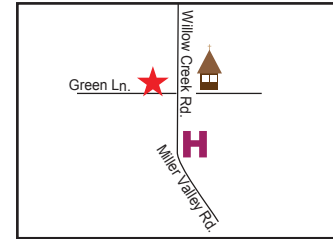
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 3229 E. Greenway Rd., Suite #102



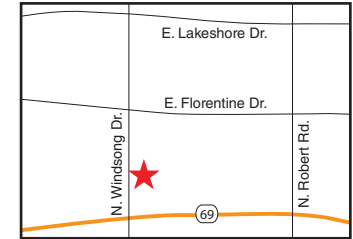
Phoenix • 85035
 5920 W. McDowell Road



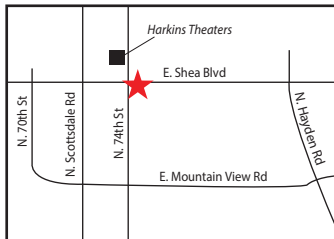
Phoenix • 85050
 20950 N. Tatum Blvd., Suite #190



Prescott • 86301
 2062 Willow Creek Road



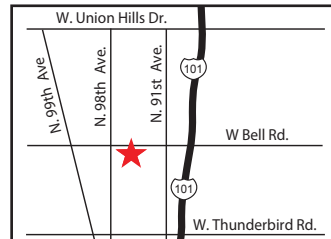
Prescott Valley • 86314
 3051 N. Windsong Drive



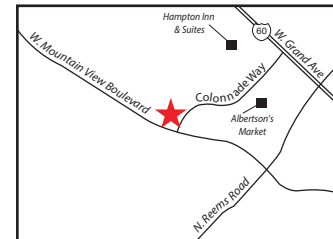
Scottsdale • 85260
 7425 E. Shea Blvd., Suite #108



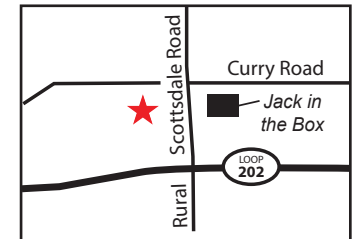
Sedona • 86336
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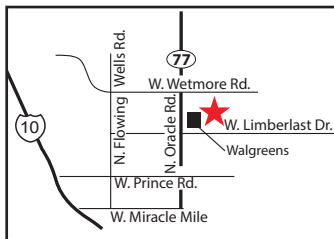
Sun City • 85351
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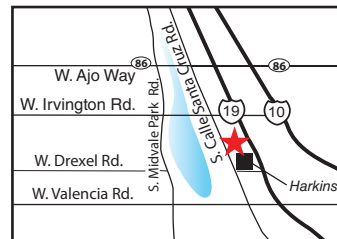
Surprise • 85374
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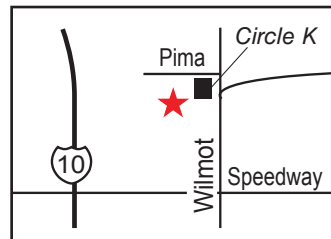
Tempe • 85281
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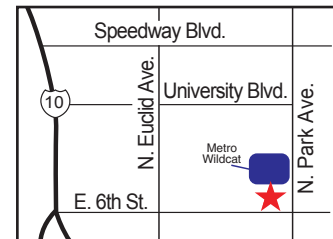
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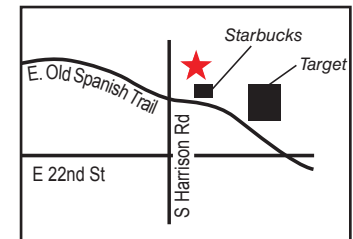
Tucson • 85706
 5369 S. Calle Santa Cruz, Suite #145



Tucson • 85712
 6238 E. Pima Street



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



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