

## ARIZONA INTERSCHOLASTIC ASSOCIATION, INC. 7007 North 18<sup>th</sup> 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.)

Name	Sex	Age Date of Birth Grade _		
Address		Phone		
			_	
Explain "Yes" answers below.		: (W)		
Circle questions you don't know the answer to.				
	Cell Phon	e:		
	Yes No		Yes	No
<ol> <li>Have you had a medical illness or injury since your last check-up or sports physical?</li> </ol>	0 0	Do you cough, wheeze, or have trouble breathing during or after activity?	0	О
Do you have an ongoing or chronic illness?	0 0	Do you have asthma?	ŏ	
Are you currently being treated for an injury or condition?	0 0	Do you use an inhaler?		O
Have you ever been hospitalized overnight?	0 0	Do you have seasonal allergies that require medical treatment?	0	О
Have you ever had surgery?	o o	10.Do you use any special protective or corrective equipment		
Are you currently taking any prescription or nonprescription	0 0	or devices that aren't usually used for your sport or position		•
(over-the-counter) medications or pills or using an inhaler?	0 0	(for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	O	О
Have you ever taken any supplements or vitamins to help you				
gain or lose weight or improve your performance?	0 0	11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?		0
4. Do you have any allergies to medications?	0 0		U	O
Do you have any allergies to pollen, food or stinging insects?	0 0	12. Have you ever had a sprain, strain, or swelling after injury?	O	O
Have you ever had a rash or hives develop during or after		Have you broken or fractured any bones or dislocated any joints?	O	O
exercise?	0 0	Have you had any other problems with pain or swelling in		
E. House you ever percent out during or offer eversion?	0.0	muscles, tendons, bones, or joints?	О	O
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise?	0 0	If yes, check appropriate box below.		
Have you ever had chest pain during or after exercise?	0 0	O Head O Elbow O Hip		
Do you get tired more quickly than your friends during exercise?	0 0	O Neck O Forearm O Thigh O Back O Wrist O Knee		
Have you ever had racing of your heart or skipped heartbeats?  Have you had high blood pressure or high cholesterol?	0 0	O Back O Wrist O Knee O Chest O Hand O Shin/calf		
Have you ever been told you have a heart murmur?	0 0	O Chest O Hand O Shin/calf O Shoulder O Finger O Ankle		
Have you had a severe viral infection (i.e., mononucleosis or		O Upper arm O Foot		
myocarditis) within the last month? Has a doctor ever denied or restricted your participation in	0 0	13. Do you want to weigh more or less than you do now?	O	0
sports for any heart problems?	0 0	Do you lose weight regularly to meet weight requirements	U	U
Has anyone in your immediate family had the following conditions?	0 0	for your sport?	O	O
Diabetes Heart disease other		14. Do you fool strosped?	0	0
Sudden death prior to age 50High Blood Pressure		14. Do you feel stressed?	О	О
rashes, acne, warts, fungus, or blisters)?	0 0	15. Do you or have you ever used:	О	O
7. Have you ever had a head injury or concussion?	0 0	Smokeless tobacco Cigarettes		
Have you ever been knocked out, become unconscious, or lost your memory?	0 0	Alcohol Recreational drugs		
Have you ever had a seizure?	0 0	Females Only		
Do you hav e frequent or severe headaches?	0 0	When was y our first menstrual period?     When was your most recent menstrual period?		
Have you ever had numbness or tingling in your arms, hands,	0 0	When was your most recent menstrual period?	1-1	
legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	0 0	How much time do you usually have from the start of one period of another?	to the s	siari
Have you ever become ill from exercising in the heat?	0 0	How many periods have you had in the last year?  What was the longest time between periods in the last year?		
, c		What was the longest time between periods in the last year?		
Explanation:				
I hereby state that, to the best of my knowledge, my a	answars to th	a above questions are complete and correct		
		ion is essential in properly determining whether the si	tuden	t
should be cleared for athletic participation.				-
I hereby consent for the student named above, to be	given medica	al care by the doctor selected by the school.		
,	•	,		
Signature of Parent/Guardian Si	ignature of Stu	ident Athlete Date	_	
FORM 15.7-A 6/08	ignature or St	Date Date		