



**ARIZONA INTERSCHOLASTIC ASSOC.**  
7007 N. 18TH ST., PHOENIX, AZ 85020  
PHONE: (602) 385-3810

**2024-25**  
**ANNUAL PREPARTICIPATION**  
**PHYSICAL EVALUATION**



**EXCLUSIVE URGENT CARE**  
**PARTNER OF THE AIA**

(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: \_\_\_\_\_  
 Sex Assigned at Birth: \_\_\_\_\_  
 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.

	<b>Y</b>	<b>N</b>																		
1) Has a doctor ever denied or restricted your participation in sports for any reason?																				
2) List past and current medical conditions: _____																				
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 stinging 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 had surgery? (Please list): _____																				
8) 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 10)																				
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):																				
10) 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):																				
<table border="0" style="width: 100%;"> <tr> <td>Head</td> <td>Neck</td> <td>Shoulder</td> <td>Upper Arm</td> <td>Elbow</td> <td>Forearm</td> </tr> <tr> <td>Hand/Fingers</td> <td>Chest</td> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> </tr> <tr> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes				
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Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh															
Knee	Calf/Shin	Ankle	Foot/Toes																	

**Y N**

- 11) Have you ever had a stress fracture?
- 12) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 13) Do you regularly use a brace or assistive device?
- 14) Has a doctor told you that you have asthma or allergies?
- 15) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 16) Have you ever used an inhaler or taken asthma medication?
- 17) Do you have groin or testicular pain, or a painful bulge or hernia in the groin area?
- 18) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?
- 19) Have you had infectious mononucleosis (mono) within the last month?
- 20) Do you have any rashes, pressure sores or other skin problems?
- 21) Have you had a herpes skin infection?
- 22) 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")?
- 23) Have you ever had a seizure?
- 24) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 25) While exercising in the heat, do you have severe muscle cramps or become ill?
- 26) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 27) Have you ever been tested for sickle cell trait?
- 28) Are you happy with your weight?
- 29) Are you trying to gain or lose weight?
- 30) Has anyone recommended you change your weight or eating habits?
- 31) Do you limit or carefully control what you eat?
- 32) Do you have any concerns that you would like to discuss with a doctor?

**Females Only**

**Explain "Yes" Answers Here**

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



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The physician should fill out this form with assistance from the parent or guardian.)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Patient History Questions: Please Share 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?

**Explain "Yes" Answers Here**

**COVID-19**

**Y N**

- 1) Was your child hospitalized as a result for complications of COVID-19?
- 2) Has your child had any long-term complications from COVID-19?
- 3) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?

**Explain "Yes" Answers Here**



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**Patient Health Questionnaire Version 4 (PHQ-4)**

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	<b>Not At All</b>	<b>Several Days</b>	<b>Over Half The Days</b>	<b>Nearly Every Day</b>
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

*(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)*

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:  
[Quiet Suffering - A Resource for Student-Athlete Mental Health](https://spark.adobe.com/page/lltwyoLpTAp0V/)  
[spark.adobe.com/page/lltwyoLpTAp0V/](https://spark.adobe.com/page/lltwyoLpTAp0V/)

Teen Lifeline Call and Text Crisis Line  
(602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

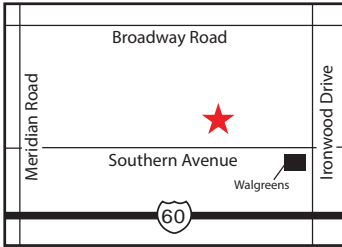
Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

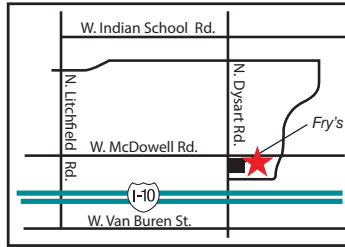
National Suicide Prevention Lifeline  
988 or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

The Trevor Lifeline  
866-488-7386 (for gender diverse youth)

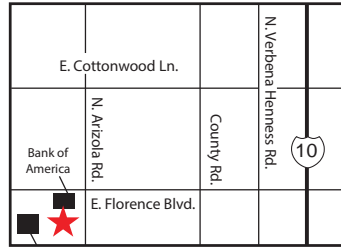




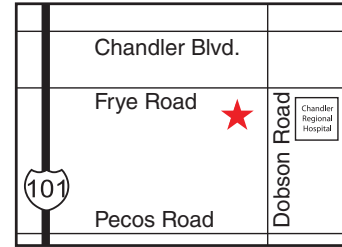
**Apache Junction • 85120**  
2080 West Southern Ave., Suite #A1



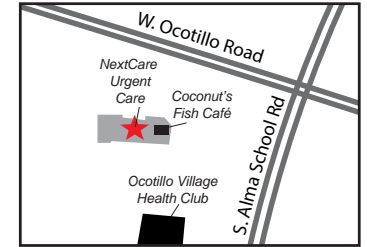
**Avondale • 85392**  
13075 W. McDowell Rd., Suite #D106



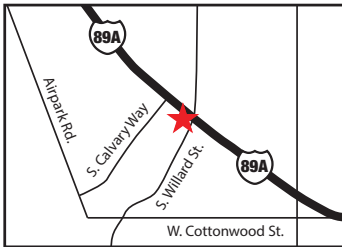
**Casa Grande • 85122**  
1683 E. Florence Blvd., Suite #7



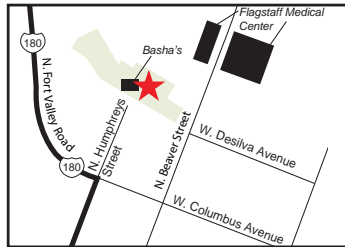
**Chandler • 85224**  
600 S. Dobson Road, Suite #C-26



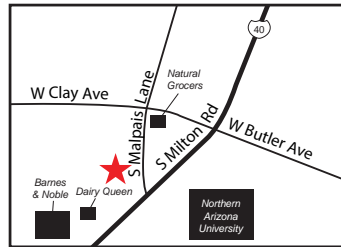
**Chandler • 85248**  
1155 W. Ocotillo Road, Suite #4



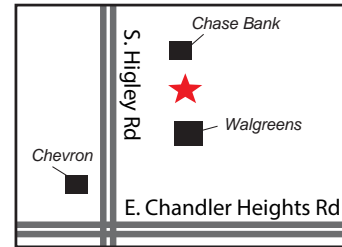
**Cottonwood • 86326**  
450 S. Willard Street, Suite #120



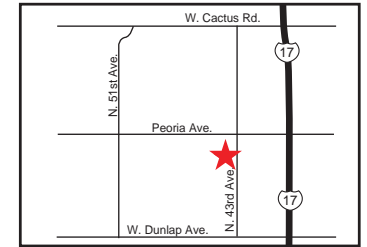
**Flagstaff • 86001**  
1000 N. Humphreys St., Suite #104



**Flagstaff • 86001**  
399 S. Malpais Lane, Suite #100



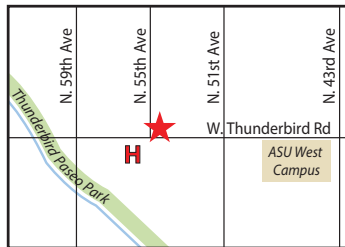
**Gilbert • 85298**  
6343 S. Higley Road



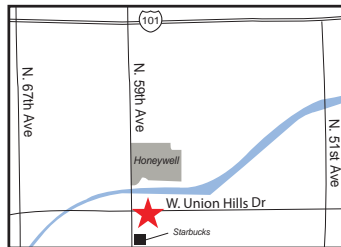
**Glendale • 85302**  
10240 N. 43rd Ave., Suite #3



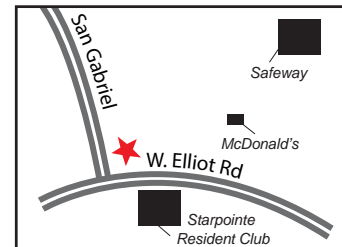
**Glendale • 85305**  
9494 W. Northern Ave., Suite #101



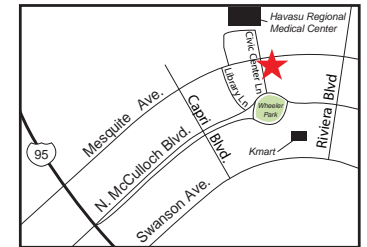
**Glendale • 85306**  
5410 W. Thunderbird Road, Suite #101



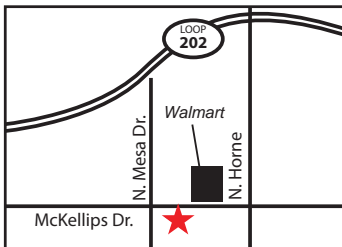
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18589 N. 59th Ave., Suite #101



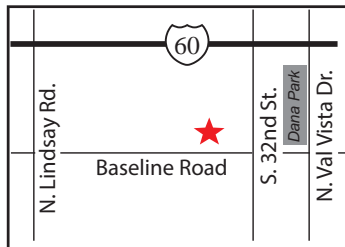
**Goodyear • 85338**  
17688 W. Elliot Road



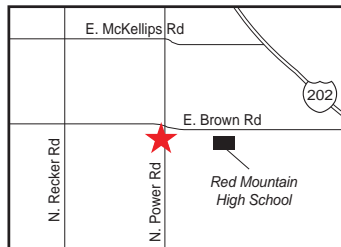
**Lake Havasu City • 86403**  
1810 Mesquite Ave., Suite B



**Mesa • 85203**  
535 E. McKellips Road, Suite #101



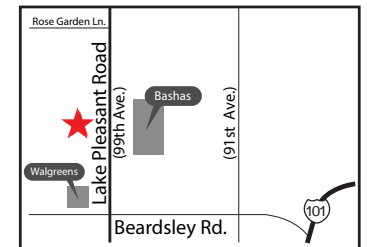
**Mesa • 85204**  
3130 E. Baseline Road, Suite #105



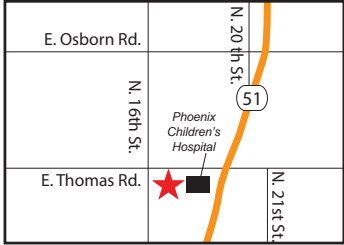
**Mesa • 85205**  
1066 N. Power Road, Suite #101



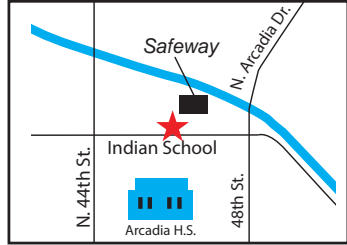
**Nogales • 85621**  
298 W. Mariposa Road



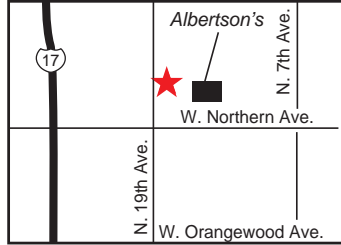
**Peoria • 85382**  
20470 N. Lake Pleasant Rd., Suite #102



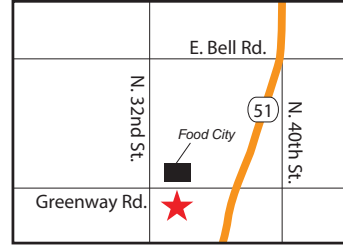
**Phoenix • 85016**  
1701 E. Thomas Road, Suite #A104



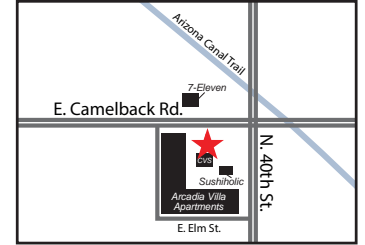
**Phoenix • 85018**  
4730 E. Indian School Rd., Suite #211



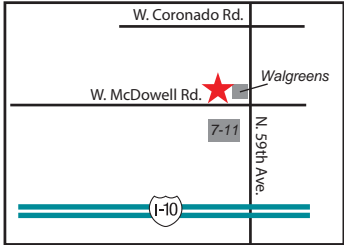
**Phoenix • 85021**  
8101 N. 19th Ave., Suite #A



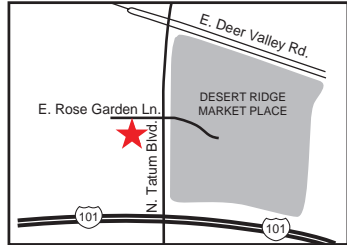
**Phoenix • 85032**  
3229 E. Greenway Rd., Suite #102



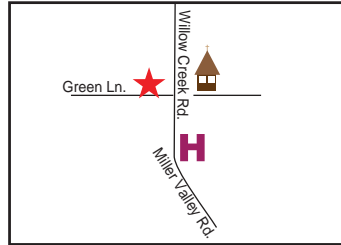
**Phoenix • 85018**  
3931 E. Camelback Road



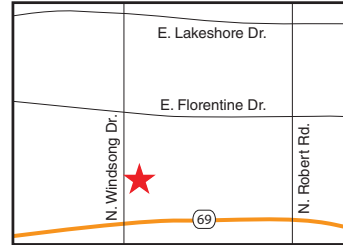
**Phoenix • 85035**  
5920 W. McDowell Road



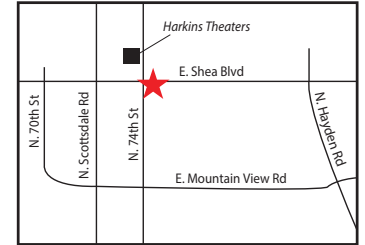
**Phoenix • 85050**  
20950 N. Tatum Blvd., Suite #190



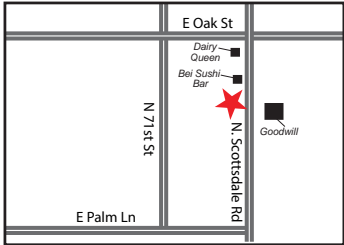
**Prescott • 86301**  
2062 Willow Creek Road



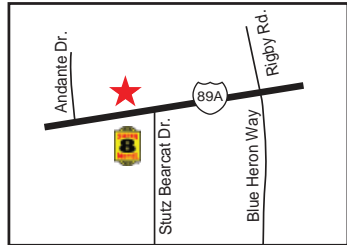
**Prescott Valley • 86314**  
3051 N. Windsong Drive



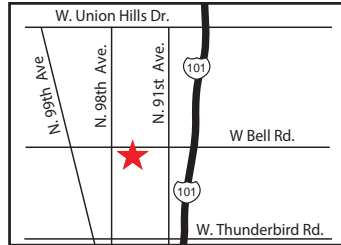
**Scottsdale • 85260**  
7425 E. Shea Blvd., Suite #108



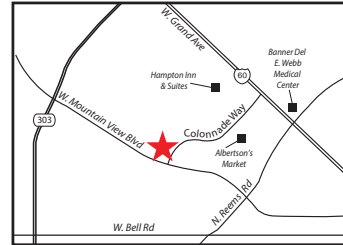
**Scottsdale • 85257**  
2122 N. Scottsdale Road



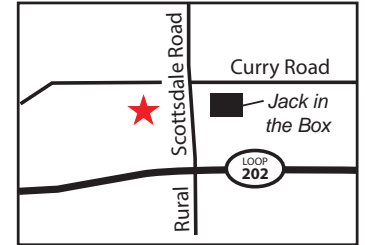
**Sedona • 86336**  
2530 W. SR 89A, Suite #A



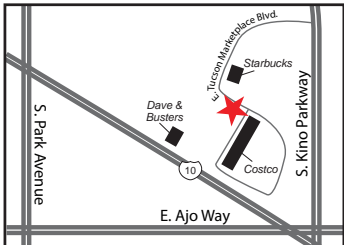
**Sun City • 85351**  
9745 W. Bell Road, Suite #105



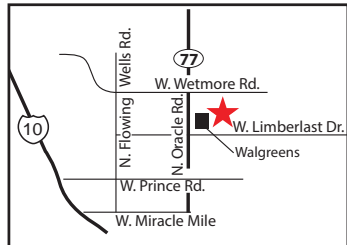
**Surprise • 85374**  
14800 W. Mtn. View Blvd., Suite #100



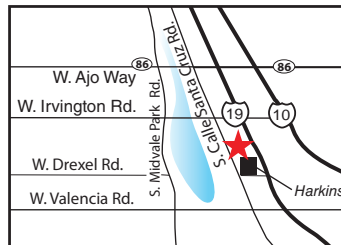
**Tempe • 85281**  
914 N. Scottsdale Rd., Suite #104



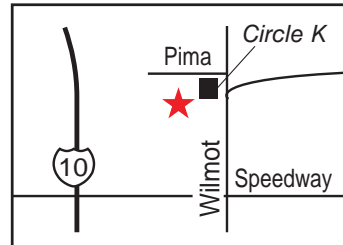
**Tucson • 85713**  
1570 E. Tucson Marketplace Blvd.



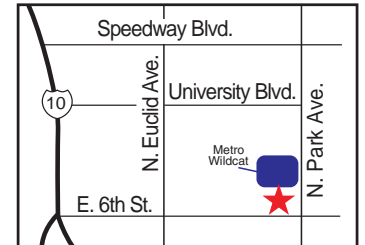
**Tucson • 85705**  
4280 North Oracle Rd., Suite #100



**Tucson • 85706**  
5369 S. Calle Santa Cruz, Suite #145



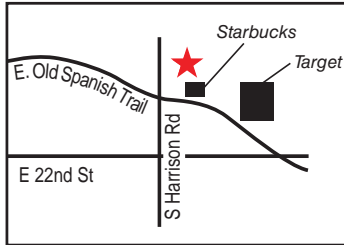
**Tucson • 85712**  
6238 E. Pima Street



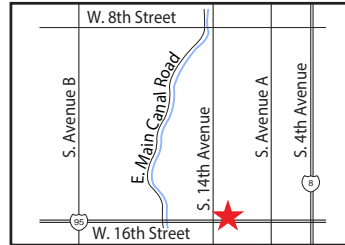
**Tucson • 85719**  
501 North Park Ave., Suite #110



Visit website for additional locations & hours  
**NEXTCARE.COM • 1-888-705-8562**



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



**Yuma • 85364**  
1394 W. 16th Street