

(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.

	Yes	No																		
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																	

**Yes No**

- 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) Have you or someone in your family tested positive for sickle cell trait or sickle cell disease?
- 27) Have you been hospitalized or had long-term complication care due to COVID-19?
- 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**

	Yes	No
33) Have you ever had a menstrual period?		
34) How old were you when you had your first menstrual period?		_____
35) How many periods have you had in the last year?		_____

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

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

**Patient History Questions: Please Share About Your Child**

	Yes	No
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**

**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)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
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

**Share Any Notes Related To The Above Section**

**Family History Questions: Please Share About Any Of The Following In Your Family**

		Yes	No
1)	Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)		
2)	Are there any family members who died suddenly of "heart problems" before age 50?		
3)	Are there any family members who have unexplained fainting or seizures?		
4)	Are there any relatives with certain conditions, such as:		
		<b>Yes</b>	<b>No</b>
	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**

**Additional History**

		Yes	No
1)	Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?		
2)	Do you drink alcohol or use illicit drugs?		
3)	Have you ever taken anabolic steroids or used any other performance-enhancing supplements?		
4)	Have you ever taken any supplements to help you gain or lose weight, or improve your performance?		
5)	Do you always wear a seatbelt while in a vehicle?		

**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.**

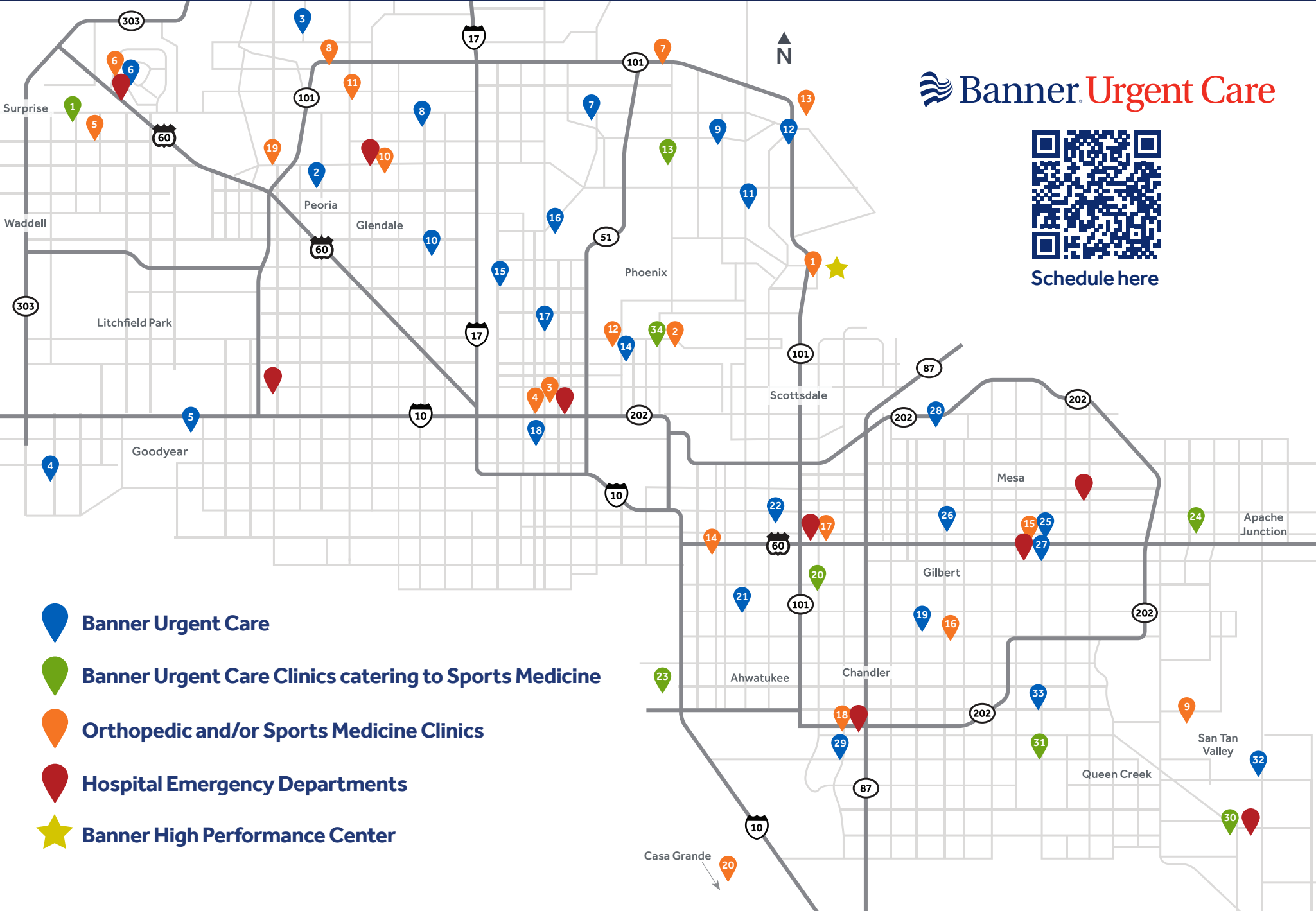
\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Schedule here



- Banner Urgent Care
- Banner Urgent Care Clinics catering to Sports Medicine
- Orthopedic and/or Sports Medicine Clinics
- Hospital Emergency Departments
- Banner High Performance Center

# Banner Urgent Care

- 1 Bell & Reems**  
15521 W. Bell Rd.  
Surprise, AZ 85374
- 2 Cactus & 75th Ave.**  
7611 W. Cactus Rd.  
Peoria, AZ 85381
- 3 Deer Valley & 83rd Ave.**  
21980 N. 83rd Ave.  
Peoria, AZ 85383
- 4 Yuma & Sarival**  
16430 W. Yuma Rd.  
Goodyear, AZ 85338
- 5 Van Buren & Avondale**  
11685 W. Van Buren St.  
Avondale, AZ 85323
- 6 Johnson & Meeker**  
13901 W. Meeker Blvd.  
Sun City West, AZ 85375
- 7 Bell & 32nd St.**  
3247 E. Bell Rd., PB1  
Phoenix, AZ 85032
- 8 Bell & 43rd Ave.**  
4232 W. Bell Rd.  
Glendale, AZ 85308
- 9 Greenway & 64th St.**  
6501 E. Greenway Pkwy.  
Scottsdale, AZ 85254
- 10 43rd Ave. & Northern**  
7952 N. 43rd Ave.  
Glendale, AZ 85301
- 11 Scottsdale & Shea**  
10330 N. Scottsdale Rd., Ste. 25  
Scottsdale, AZ 85253
- 12 Pima & 87th St.**  
15223 N. 87th St., Ste. 110  
Scottsdale, AZ 85260
- 13 Tatum & Thunderbird**  
4760 E. Thunderbird Rd., Ste. 1  
Phoenix, AZ 85032
- 14 32nd St. & Indian School**  
3141 E. Indian School Rd., Ste. 104  
Phoenix, AZ 85016
- 15 19th Ave. & Glendale**  
1940 W. Glendale Ave.  
Phoenix, AZ 85021
- 16 7th St. & Cave Creek**  
9111 N. 7th St.  
Phoenix, AZ 85020
- 17 7th St & Camelback**  
5018 N. 7th St.  
Phoenix, AZ 85014
- 18 Central & Washington**  
1 N. Central Ave. Ste. 105  
Phoenix, AZ 85004
- 19 Warner & Cooper**  
641 W. Warner Rd.  
Gilbert, AZ 85233
- 20 Dobson & Guadalupe**  
1955 W. Guadalupe Rd., Ste. 1  
Mesa, AZ 85202
- 21 Rural & Elliot**  
931 E. Elliot Rd., Ste. 115  
Tempe, AZ 85284
- 22 McClintock & Southern**  
3141 S. McClintock Dr., Ste. 1  
Tempe, AZ 85282
- 23 Chandler & 41st St.**  
4206 E. Chandler Blvd., Ste. 1  
Phoenix, AZ 85048
- 24 Crismon & Southern**  
1157 S. Crismon Rd., Ste. 101  
Mesa, AZ 85208
- 25 Higley & Southern**  
1215 S. Higley Rd.  
Mesa, AZ 85206
- 26 Southern & Gilbert**  
1121 S. Gilbert Rd., Ste. 101  
Mesa, AZ 85204
- 27 Higley & Baseline**  
1660 N. Higley Rd., Ste. 104  
Gilbert, AZ 85234
- 28 Gilbert & McKellips**  
1908 E. McKellips Rd.  
Mesa, AZ 85203
- 29 Alma School & Queen Creek**  
2950 S. Alma School Rd., Ste. 1  
Chandler, AZ 85286
- 30 Gary & Empire**  
35945 N. Gary Rd.  
San Tan Valley, AZ 85143
- 31 Higley & Queen Creek**  
3160 E. Queen Creek Rd.  
Gilbert, AZ 85297
- 32 Ironwood & Ocotillo**  
40773 N. Ironwood Rd.  
San Tan Valley, AZ 85140
- 33 Pecos & Higley**  
3126 S. Higley Rd., Ste. 109  
Gilbert, AZ 85295
- 34 Arcadia**  
4200 E. Camelback Rd., Ste. 106  
Phoenix, AZ 85018

 **Banner Urgent Care Clinics**  
catering to Sports Medicine

# Banner Sports Medicine

## Orthopedic and/or Sports Medicine Clinics:

- 1 Banner Sports Medicine Scottsdale**  
7400 N. Dobson Rd., 2nd floor  
Scottsdale, AZ 85256  
480-733-7400
- 2 Banner Health Plus Arcadia**  
4200 E. Camelback Rd., 1st floor  
Phoenix, AZ 85018  
602-229-2200
- 3 Banner University Orthopedic & Sports Medicine**  
755 E. McDowell Rd., 2nd floor, Side A  
Phoenix, AZ 85006  
602-521-3250
- 4 Banner Concussion Center**  
1320 N. 10th St., Ste. B  
Phoenix, AZ 85006  
602-839-7285
- 5 Banner Health Center**  
13995 W. Statler Blvd., Ste. 200  
Surprise, AZ 85379  
623-876-3870
- 6 Banner Health Center**  
14416 W. Meeker Blvd.  
Sun City West, AZ 85375  
623-876-3800
- 7 Banner Health Center**  
4375 E. Irma Ln.  
Phoenix, AZ 85050  
602-298-8888
- 8 Banner Health Center**  
7701 W. Aspera Blvd.  
Glendale, AZ 85308  
602-298-8888
- 9 Banner Health Center**  
37100 N. Gantzel Rd., Ste. 107  
Queen Creek, AZ 85140  
480-394-4480
- 10 Banner Health Clinic**  
5601 W. Eugie Ave., Ste. 100  
Glendale, AZ 85304  
602-298-8888
- 11 TOCA at Banner Health Arrowhead**  
18700 N. 64th Dr., Ste. 220  
Glendale, AZ 85308  
602-277-6211
- 12 TOCA at Banner Health Biltmore**  
2222 E. Highland Ave., Ste. 300  
Phoenix, AZ 85016  
602-277-6211
- 13 TOCA at Banner Health Scottsdale**  
9377 E. Bell Rd., Ste. 231  
Scottsdale, AZ 85260  
602-277-6211
- 14 TOCA at Banner Health Tempe**  
5002 S. Mill Ave., Tempe, AZ 85282  
602-277-6211
- 15 Banner Health Clinic Gilbert**  
1920 N. Higley Rd., Ste. 206  
Gilbert, AZ 85234  
480-543-6700
- 16 Banner Health Clinic Warner**  
155 E. Warner Rd., Gilbert, AZ 85296  
480-543-6700
- 17 Banner Health Clinic**  
1432 S. Dobson Rd., Ste. 304  
Mesa, AZ 85202  
480-412-7400
- 18 BMG Health Clinic**  
1125 S. Alma School Rd., Se. 210  
Chandler, AZ 85286  
480-543-6700
- 19 BMG Health Clinic**  
9165 W. Thunderbird Rd., Ste. 101  
Peoria, AZ 85381  
623-876-3870
- 20 BMG Health Clinic**  
1811 E. McMurray Blvd.  
Casa Grande, AZ 85122  
520-374-6520

### Banner Urgent Care

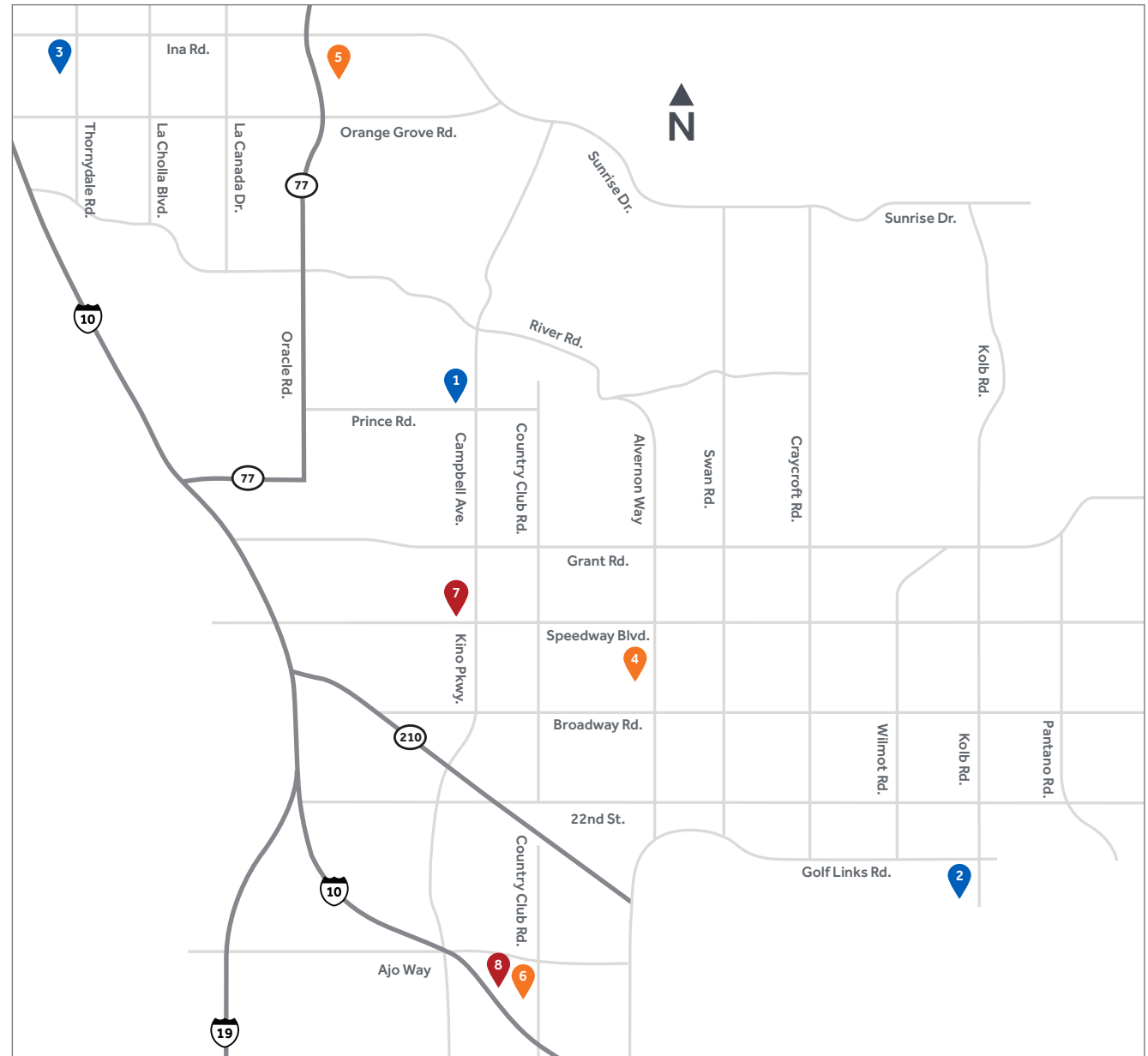
- 1** **Banner Urgent Care** | Prince & Campbell  
3611 N. Campbell Ave.  
Tucson, AZ 85719
- 2** **Banner Urgent Care** | Golf Links & Kolb  
7066 E. Golf Links Rd.  
Tucson, AZ 85730
- 3** **Banner Urgent Care Catering to Sports Medicine**  
Thornydale & Ina  
7089 N. Thornydale Rd., Ste. 101  
Tucson, AZ 85741

### Orthopedic and/or Sports Medicine Clinics

- 4** **Banner – University Medicine Alvernon Clinic**  
707 N. Alvernon Way, Ste. 205  
Tucson, AZ 85705
- 5** **Banner – University Medicine North Hills**  
265 W. Ina Rd.  
Tucson, AZ 85704
- 6** **Banner – University Medicine Center South Campus**  
2800 E. Ajo Way, Ste. 200  
Tucson, AZ 85713

### Hospital Emergency Departments

- 7** **Banner – University Medical Center Tucson**  
1625 N. Campbell Ave.  
Tucson, AZ 85719
- 8** **Banner – University Medical Center South**  
2800 E. Ajo Way  
Tucson, AZ 85713



**For More Information Regarding Student-Athlete Mental Health**

**988** SUICIDE & CRISIS  
**LIFELINE**

**Athlete Helpline**

**888•279•1026**  
**athletehelpline.org**

**Text**

**Call**

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- Athletes
- Coaches
- Parents
- Sports Communities

