



Arizona Interscholastic Association, Inc.

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

| | |
|--------------------------------------|---|
| <input type="checkbox"/> | Cleared |
| <input type="checkbox"/> | Cleared after completing evaluation/rehabilitation for: _____ |
| _____ | |
| _____ | |
| <input type="checkbox"/> | Not Cleared for: _____ Reason: _____ |
| Recommendations: _____ | |
| _____ | |
| Name of Physician (print/type) _____ | Date _____ |
| Address _____ | Phone _____ |
| Signature of Physician _____ | MD/DO/NP/PA-C |