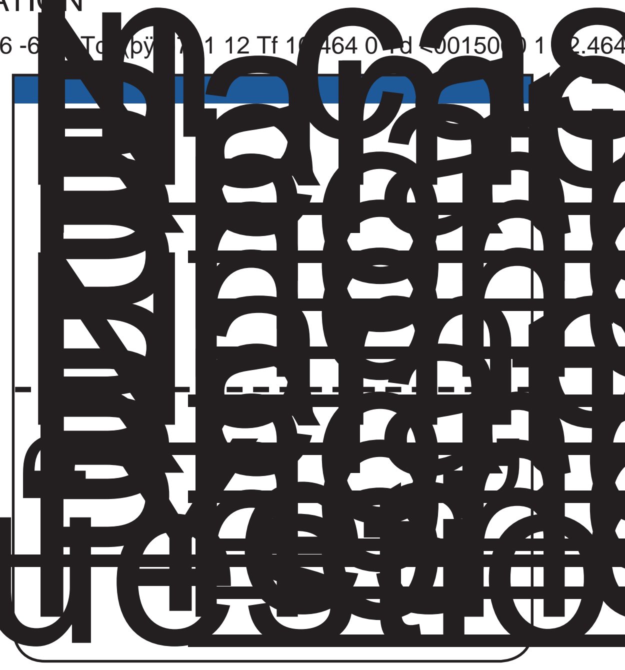
ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 N. 18TH ST., PHOENIX, ARIZONA 85020-5552
PHONE: (602) 385-3810

NextCare URGENT CARE

The Preferred 8 U J H Q W Care of the Arizona Interscholastic Association

20 ANNUAL PREPARTICIP ATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form p.zth assistanc5r ÿT0 12 Tf I -6202.546 -6



Explain

Circle que

	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		

NextCare is the preferred partner of the AIA. It is not required you visit NextCare locations for your healthcare needs.

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7KH 3UHIHUUHG 8UJHQW &DUH RI WKH $UL]RQD ,QWHUV

BP: ____ / ____ (____ / ____,____ / ____)

Vision: R20/____ L20/____ Corrected: Y N

Pupils: Equal Unequal

Name: ______

Age: ______

Height: ______

% Body Fat

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only
& - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction

Cleared With Following Restriction: ______________________________

Not Cleared For: All Sports Certain Sports: ______________ Reason: ______________

Recommendations: ______________________________

Name of Physician (Print/Type): ______________________ Exam Date: ____________

Address: ______________________________ Phone: ____________

Signature of Physician: ______________________, MD/DO/ND/NMD/NP/PA-C/CCSP

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20 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), ____________________________________ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian