



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(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: _____
Gender: _____
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.

	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		

Y N

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

Females Only

Explain "Yes" Answers Here

	Y	N
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?		_____



2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me 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) Has your child been diagnosed with COVID-19? 1a) If yes, is your child still having symptoms from their COVID-19 infection?		
2) Was your child hospitalized as a result for complications of COVID-19?		
3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?		
4) 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?		
5) Has your child returned back to full participation in sports?		
6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months? 6a) Was your child tested for COVID-19?		
7) Did your child receive the COVID-19 vaccine? 7a) What was the manufacturer of the vaccine? _____ 7b) Date of vaccination(s) _____		

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

(A sum of ≥ 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/

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
 1-800-273-8255 or suicidepreventionlifeline.org

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



Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N
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:		
	Y	N
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

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.

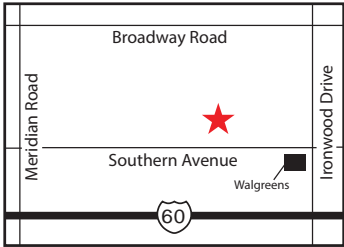
 Signature of Student-Athlete

 Signature of Parent/Guardian

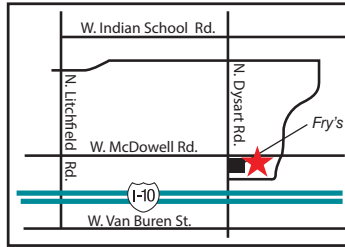
 Date

 Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

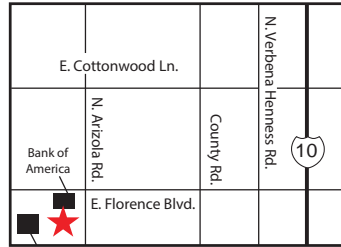
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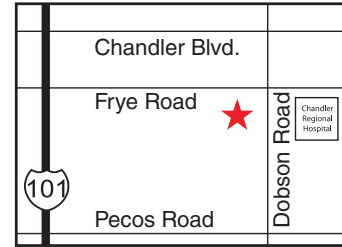
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2080 West Southern Ave., Suite #A1



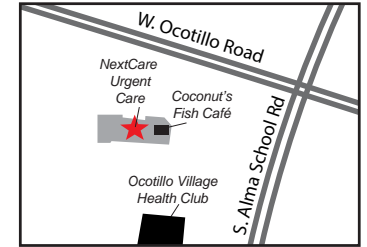
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13075 W. McDowell Rd., Suite #D106



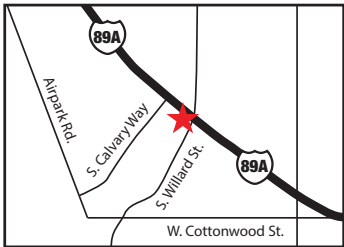
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1683 E. Florence Blvd., Suite #7



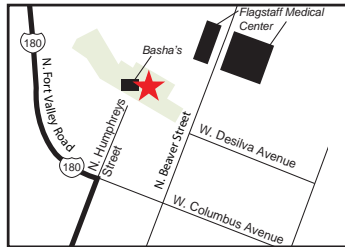
Chandler • 85224
600 S. Dobson Road, Suite #C-26



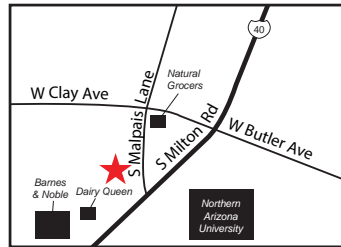
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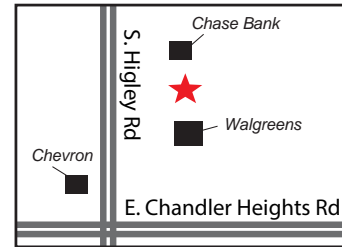
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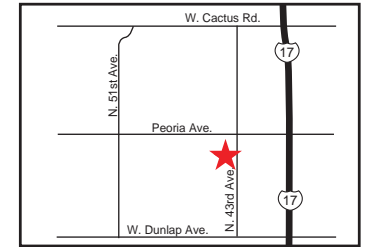
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Flagstaff • 86001
399 S. Malpais Lane, Suite #100



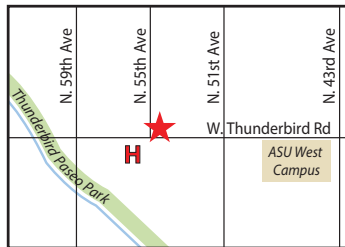
Gilbert • 85298
6343 S. Higley Road



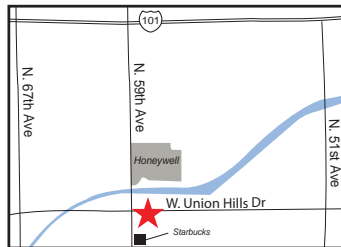
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10240 N. 43rd Ave., Suite #3



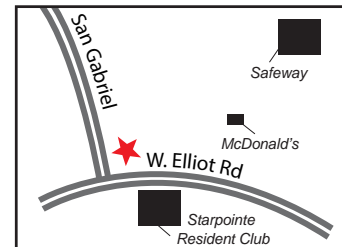
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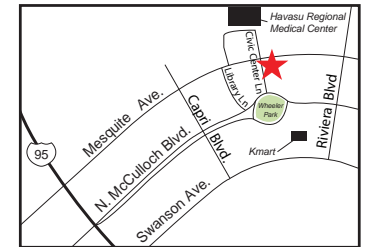
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5410 W. Thunderbird Road, Suite #101



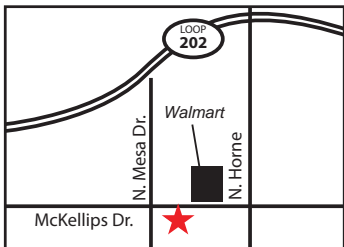
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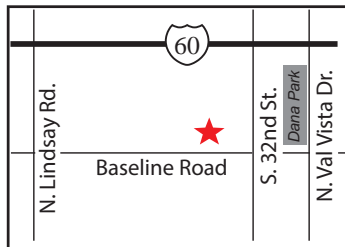
Goodyear • 85338
17688 W. Elliot Road



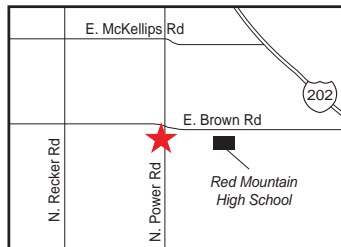
Lake Havasu City • 86403
1810 Mesquite Ave., Suite B



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



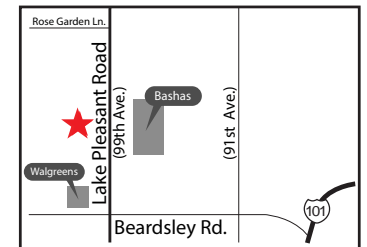
Mesa • 85204
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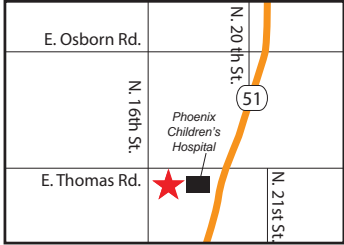
Mesa • 85205
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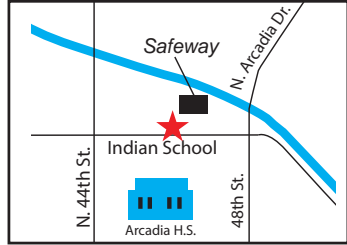
Nogales • 85621
298 W. Mariposa Road



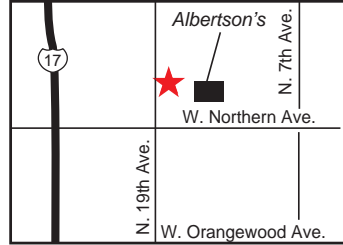
Peoria • 85382
20470 N. Lake Pleasant Rd., Suite #102



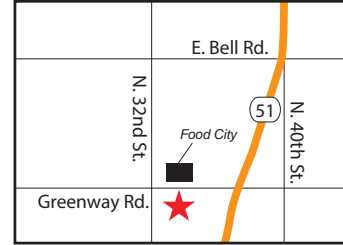
Phoenix • 85016
1701 E. Thomas Road, Suite #A104



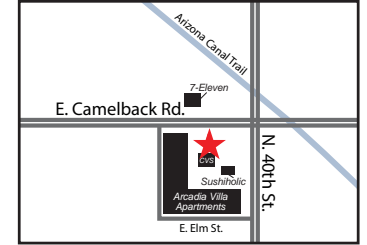
Phoenix • 85018
4730 E. Indian School Rd., Suite #211



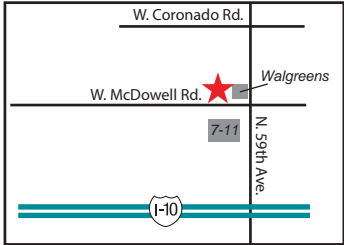
Phoenix • 85021
8101 N. 19th Ave., Suite #A



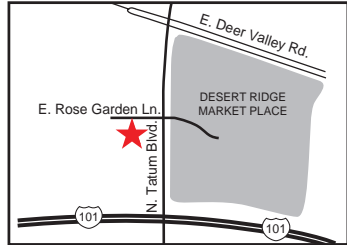
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3229 E. Greenway Rd., Suite #102



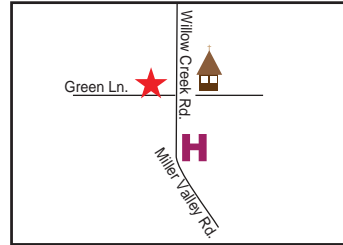
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3931 E. Camelback Road



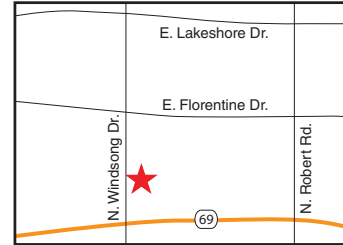
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5920 W. McDowell Road



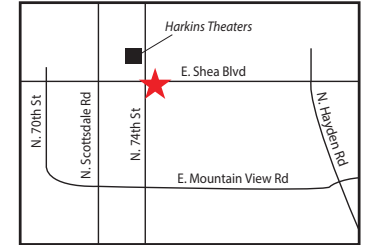
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20950 N. Tatum Blvd., Suite #190



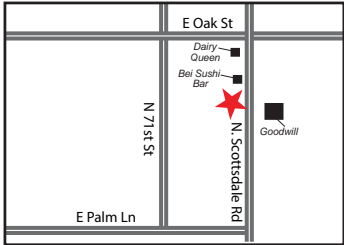
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2062 Willow Creek Road



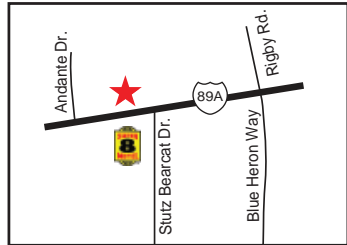
Prescott Valley • 86314
3051 N. Windsong Drive



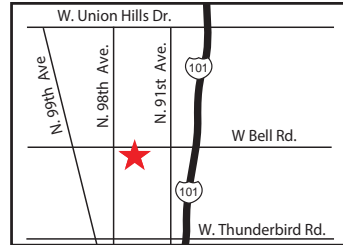
Scottsdale • 85260
7425 E. Shea Blvd., Suite #108



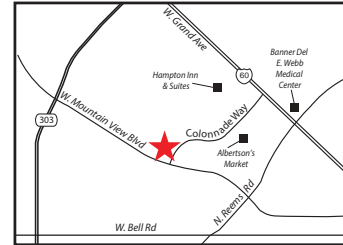
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2122 N. Scottsdale Road



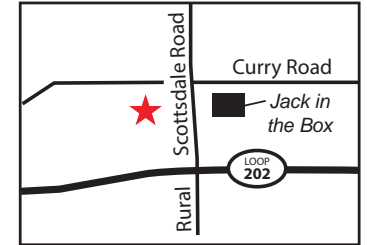
Sedona • 86336
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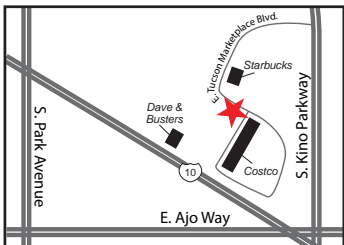
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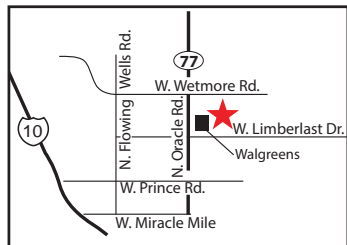
Surprise • 85374
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Tempe • 85281
914 N. Scottsdale Rd., Suite #104



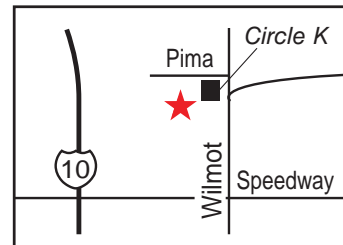
Tucson • 85713
1570 E. Tucson Marketplace Blvd.



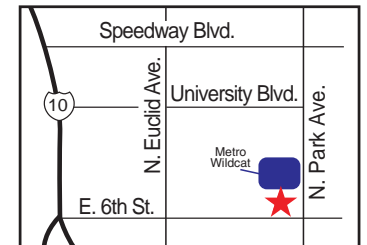
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Tucson • 85706
5369 S. Calle Santa Cruz, Suite #145



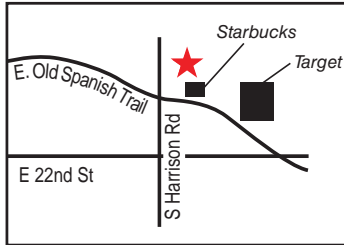
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6238 E. Pima Street



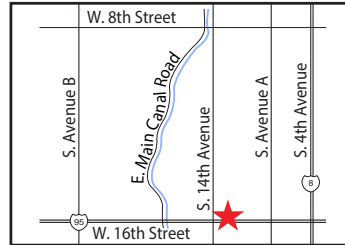
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