



Arizona Interscholastic Association, Inc.

ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.  
7007 North 18<sup>th</sup> Street, Phoenix, Arizona 85020-5552  
Phone: (602) 385-3810 Fax: (602) 385-3779

## 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*
<b>Medical</b>			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

**CLEARANCE**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
\_\_\_\_\_

Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_ MD/DO/NP/PA-C