AIA ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Stree t, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2018-2019 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:
Sex:
Grade:
School:
Sport(s):
Personal Physician:
Hospital Preference:

In case of emergency, contact:
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on 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 condition (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 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 spent the night in the 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, circle affected area in the box below):	☐	☐
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	☐	☐
* 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 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 medicine?		
19) Were you born without, are you missing, or do you have a nonfunctioning 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) Do you have headaches with exercise?		
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?		
27) When exercising in the heat, do you have severe muscle cramps or become ill?		
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
29) Have you ever been tested for sickle cell trait?		
30) Have you had any problems with your eyes or vision?		
31) Do you wear glasses or contact lenses?		
32) Do you wear protective eyewear, such as goggles or a face shield?		
33) Are you happy with your weight?		
34) Are you trying to gain or lose weight?		
35) Has anyone recommended you change your weight or eating habits?		
36) Do you limit or carefully control what you eat?		
37) Do you have any concerns that you would like to discuss with a doctor?		

Females Only

	Y	N
38) Have you ever had a menstrual period?		
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		

Explain "Yes" Answers Here

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(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?	☐	☐

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	☐	☐
9) Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
10) Are there any family members who have unexplained fainting or seizures?	☐	☐
11) 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)	☐	☐

	Y	N
Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Attack, age 50 or younger	☐	☐
Pacemaker or Implanted Defibrillator	☐	☐
Deaf at Birth (Congenital Deafness)	☐	☐

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 athlete _____ Signature of parent/guardian _____ Date _____

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

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2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: Date of Birth:

Age: Sex:

Height: Weight:

% Body fat (optional): Pulse:

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

Vision: R20/_____ L20/_____ Corrected: Y___ N___

Pupils: Equal_____ Unequal_____

	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/Hand/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
☐ 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

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

Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

PARENT/GUARDIAN PERMISSION FOR ATHLETIC PARTICIPATION

I give my permission for_____ to participate in organized interscholastic athletics, realizing that such an activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best of coaching, use of the most advanced equipment, and the strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

In addition, I consent to their participating for the entire season, and travel to and from the practices, games or matches. I also agree to emergency treatment as deemed necessary by the medical personnel designated by the program authorities.

Student _____

Parent/Guardian _____

Date _____ (permission is valid for 365 days unless rescinded)

INSURANCE

Insurance Company:_____

Policy Number:_____**Policy Date:**_____

Signature:_____

_____We do not have medical insurance, and I would like to obtain student insurance through the school.

INSURANCE WAIVER

_____ I do not wish to carry student insurance although I have been informed that this policy is available and that the school cannot pay any medical costs resulting from injury to a student.

NORTHWEST CHRISTIAN SCHOOL
SPORTSMANSHIP CONTRACT

Because we claim the name of Jesus Christ as our Lord, we must hold to Biblical standards for our actions. Scripture clearly commands believers not to be conformed to the worldview and lifestyle of which they are a part, but, on the contrary, to function as salt to prevent the spread of moral corruption (violence in sports, etc.) and as light to dispel spiritual darkness. For Northwest athletics, our testimony for God is seen in our sportsmanship.

Because of whom we represent, we pledge that we will accept all rulings by the game officials without reaction and as final: we will show Christlike respect for our opponents. While playing hard as possible we will not participate in violent reactions to the actions of others. "Finally, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report, if there be any virtue, and if there be any praise, think on these things. Those things which you have both learned, and received, and heard, and seen in me, so do, and the God of peace shall be with you." (Phillipians 4:8-9)

_____ _____

(Signature - NCS Athlete) (Date)

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Sports interested in participating in at NCS

FALL		WINTER		SPRING	
Cheer	_____	Boys Basketball	_____	Baseball	_____
Cross Country	_____	Girls Baskeball	_____	Golf	_____
Football	_____	Boys Soccer	_____	Softball	_____
Volleyball-girls	_____	Girls Soccer	_____	Tennis	____
		Wrestling	_____	Track	_____
				Volleyball-boys	_____