



Canyon Athletic Association  
 2033 W. North Lane Suite #19 Phoenix, AZ 85021  
 Phone: 602-687-1645 info@azcaa.com



The Preferred Urgent Care of the  
 Canyon Athletic Association

## 2020-21 SCHOOL YEAR, ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

EMERGENCY CONTACTS		
1) Name		Relationship
Phone (Home):	Phone (Work):	Phone (Cell):
2) Name		Relationship
Phone (Home):	Phone (Work):	Phone (Cell):

Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
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): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection		
7) Have you ever spent the night in a hospital?		
8) Have you ever had surgery?		



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Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
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):  <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		
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 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) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?		



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Explain "Yes" answers on the following page. Circle questions you don't know the answers to.	YES	NO
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?		
<b>FEMALES ONLY</b>	YES	NO
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?		
<b>EXPLAIN "YES" ANSWERS HERE</b>		



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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...	YES	NO
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...	YES	NO
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:		
<input type="checkbox"/> Enlarged Heart <input type="checkbox"/> Tachycardia (CPVT)		
<input type="checkbox"/> Hypertrophic Cardiomyopathy (HCM) <input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
<input type="checkbox"/> Dilated Cardiomyopathy (DCM) <input type="checkbox"/> Marfan Syndrome (Aortic Rupture)		
<input type="checkbox"/> Heart Rhythm Problems <input type="checkbox"/> Heart Attack, Age 50 or Younger		
<input type="checkbox"/> Long QT Syndrome (LQTS) <input type="checkbox"/> Pacemaker or Implanted Defibrillator		
<input type="checkbox"/> Short QT Syndrome <input type="checkbox"/> Deaf at Birth		
<input type="checkbox"/> Brugada Syndrome		
<input type="checkbox"/> Catecholaminergic Polymorphic Ventricular		
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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## 2020-21 SCHOOL YEAR, ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

**South Arizona Avenue**

3705 S. Arizona Ave., Ste. 1  
 Chandler, AZ 85248  
**480.214.7828**

**West Ray Road**

2875 W. Ray Rd., Ste. 8  
 Chandler, AZ 85224  
**480.899.3070**

**Florence**

495 N. Pinal Pkwy., Ste. 106  
 Florence, AZ 85132  
**520.868.0573**

**Happy Valley Road**

3730 W. Happy Valley Rd.  
 Ste. 100  
 Glendale, AZ 85310  
**623.277.4140**

**Goodyear**

1507 N. Litchfield Rd. Ste. 200  
 Goodyear, AZ 85395  
**623.215.0040**

**North Silverbell Road**

7850 N. Silverbell Rd. Ste. 132  
 Marana, AZ 85743  
**520.407.5884**

**South Power Road**

1810 S. Power Rd., Ste. 101  
 Mesa, AZ 85206  
**480.214.0045**

**Baseline & Signal Butte Road**

1955 S. Signal Butte Rd.  
 Ste. 103  
 Mesa, AZ 85209  
**480.214.4466**

**West University Drive**

835 W. University Dr.  
 Mesa, AZ 85201  
**480.664.6007**

**Val Vista Drive**

415 N. Val Vista Dr., Ste. 101  
 Mesa, AZ 85213  
**480.654.5661**

**19th Avenue**

5201 N. 19th Ave., Ste. 100  
 Phoenix, AZ 85015  
**602.795.1411**

**44th Street**

2301 N. 44th St.  
 Phoenix, AZ 85008  
**602.808.8786**

**Bell Road**

401 E. Bell Rd., Ste. 18  
 Phoenix, AZ 85022  
**602.368.1403**

**Indian School Road**

8260 W. Indian School Rd.,  
 Ste. 1  
 Phoenix, AZ 85033  
**623.846.7122**

**Maryvale Parkway**

5259 W. Indian School Rd.,  
 Ste. 100  
 Phoenix, AZ 85031  
**623.888.5101**

**Peoria Avenue**

2860 W. Peoria Ave.  
 Ste. B  
 Phoenix, AZ 85029  
**602.283.0595**

**Thunderbird Road**

3131 E. Thunderbird Rd. Ste. A  
 Phoenix, AZ 85032  
**602.283.3609**

**McDowell Road**

7730 E. McDowell Rd. Ste. 101  
 Scottsdale, AZ 85257  
**480.699.3314**

**East Shea Boulevard**

4902 E. Shea Blvd.  
 Ste. 101  
 Scottsdale, AZ 85254  
**480.214.4468**

**Surprise**

12775 W. Bell Rd., Ste. 100  
 Surprise, AZ 85378  
**623.215.0082**

**Baseline Road**

2720 W. Baseline Rd. Ste. 140  
 Tempe, AZ 85283  
**602.777.6000**

**Elliot Road**

1804 W. Elliot Rd.  
 Tempe, AZ 85284  
**480.456.0444**

**Mill Avenue**

3244 S. Mill Ave., Ste. 101  
 Tempe, AZ 85282  
**480.214.0621**

**University ASU**

725 South Rural Road,  
 Ste. 120  
 Tempe, AZ 85281  
**480.214.0622**

**Lower Buckeye Road**

9870 W. Lower Buckeye Rd.,  
 Ste. 170  
 Tolleson, AZ 85353  
**623.215.0189**

**22nd Street**

5594 E. 22nd St.  
 Tucson, AZ 85711  
**520.232.2047**

**Broadway Boulevard**

2510 E. Broadway Blvd.  
 Tucson, AZ 85716  
**520.232.2072**

**North Swan Road**

2460 N. Swan Rd.  
 Ste. 140  
 Tucson, AZ 85712  
**520.441.5405**

**West Valencia Road**

1895 W. Valencia Rd.  
 Ste. 101  
 Tucson, AZ 85746  
**520.576.5104**

\*Sports medicine at select clinics. Visit [FastMed.com](http://FastMed.com) for details. Holiday hours vary by clinic; call clinic or check online for details.