



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

2019-20 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/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 Bac <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?		
FEMALES ONLY	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?		
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...	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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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 
 940 E. University Dr.
 Ste. 105
 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

East Tanque Verde Road
 9175 E. Tanque Verde Rd.
 Ste. 187
 Tucson, AZ 85749
520.407.5699

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

 Denotes that sports medicine services are offered in addition to urgent care services.

*Sports medicine at select clinics. Visit FastMed.com for details. Holiday hours vary by clinic; call clinic or check online for details.