



Arizona Interscholastic Association, Inc.

ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
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ANNUAL PARTICIPATION PHYSICAL EXAMINATION

(To be completed by Physician)

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*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
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