AIA
ARIZONA INTERSCHOLASTIC ASSOC.
OUR STUDENTS, OUR TEAMS ... OUR FUTURE

2026-27 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

Banner Urgent Care
EXCLUSIVE URGENT CARE PARTNER OF THE AIA

(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 Assigned at Birth: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

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

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) List past and current medical conditions: _____	☐	☐
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 had surgery? (Please list): _____	☐	☐
8) 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 10)	☐	☐
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):	☐	☐
10) 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

	Yes	No
11) Have you ever had a stress fracture?	☐	☐
12) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	☐	☐
13) Do you regularly use a brace or assistive device?	☐	☐
14) Has a doctor told you that you have asthma or allergies?	☐	☐
15) Do you cough, wheeze or have difficulty breathing during or after exercise?	☐	☐
16) Have you ever used an inhaler or taken asthma medication?	☐	☐
17) Do you have groin or testicular pain, or a painful bulge or hernia in the groin area?	☐	☐
18) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?	☐	☐
19) Have you had infectious mononucleosis (mono) within the last month?	☐	☐
20) Do you have any rashes, pressure sores or other skin problems?	☐	☐
21) Have you had a herpes skin infection?	☐	☐
22) 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")?	☐	☐
23) Have you ever had a seizure?	☐	☐
24) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	☐	☐
25) While exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
26) Have you or someone in your family tested positive for sickle cell trait or sickle cell disease?	☐	☐
27) Have you been hospitalized or had long-term complication care due to COVID-19?	☐	☐
28) Are you happy with your weight?	☐	☐
29) Are you trying to gain or lose weight?	☐	☐
30) Has anyone recommended you change your weight or eating habits?	☐	☐
31) Do you limit or carefully control what you eat?	☐	☐
32) Do you have any concerns that you would like to discuss with a doctor?	☐	☐

Females Only

	Yes	No
33) Have you ever had a menstrual period?	☐	☐
34) How old were you when you had your first menstrual period?	_____	
35) How many periods have you had in the last year?	_____	

Explain "Yes" Answers Here

Student Name: _____ Date of Birth: _____

Patient History Questions: Please Share 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?	☐	☐

Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Share Any Notes Related To The Above Section

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For More Information Regarding Student-Athlete Mental Health

988 SUICIDE & CRISIS LIFELINE

Athlete Helpline

888•279•1026

athletehelpline.org

Text | Call | Chat

- Athletes
- Coaches
- Parents
- Sports Communities

Family History Questions: Please Share About Any Of The Following In Your Family

		Yes	No
1)	Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)	☐	☐
2)	Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
3)	Are there any family members who have unexplained fainting or seizures?	☐	☐
4)	Are there any relatives with certain conditions, such as:		

	Yes	No		Yes	No
Enlarged Heart	☐	☐	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐	Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Rhythm Problems	☐	☐	Heart Attack, Age 50 or Younger	☐	☐
Long QT Syndrome (LQTS)	☐	☐	Pacemaker or Implanted Defibrillator	☐	☐
Short QT Syndrome	☐	☐	Deaf at Birth	☐	☐
Brugada Syndrome	☐	☐			

Explain "Yes" Answers Here

Additional History

		Yes	No
1)	Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?	☐	☐
2)	Do you drink alcohol or use illicit drugs?	☐	☐
3)	Have you ever taken anabolic steroids or used any other performance-enhancing supplements?	☐	☐
4)	Have you ever taken any supplements to help you gain or lose weight, or improve your performance?	☐	☐
5)	Do you always wear a seatbelt while in a vehicle?	☐	☐

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 Student-Athlete	Signature of Parent/Guardian	Date
_____	_____	_____

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Name:_____ Date of Birth: _____

Age: _____ Sex: _____

Height: _____ Weight: _____ % Body Fat (optional): _____

Pulse:_____ Blood Pressure (1st measure): ____ / ____ (2nd measure) ____ / ____ (3rd measure) ____ / ____

Vision: R20/____ L20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

Medical	Normal	Abnormal
Appearance		
Eyes/Ears/Throat/Nose		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary&		
Skin		

Musculoskeletal	Normal	Abnormal
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

A complete PPE requires the information below completed as text or with the official stamp pf the provider's office.

* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

NOTES AND RECOMMENDATIONS:

☐ Cleared without restriction for all sports

☐ Cleared with the following restrictions and/or recommendations: _____

_____

☐ Not cleared for any sports [Reason(s)]: _____

_____

Medical Professional has reviewed family history _____ (Initials) Exam Date: _____

Name of Medical Professional (Print/Type): _____

Address: _____

_____

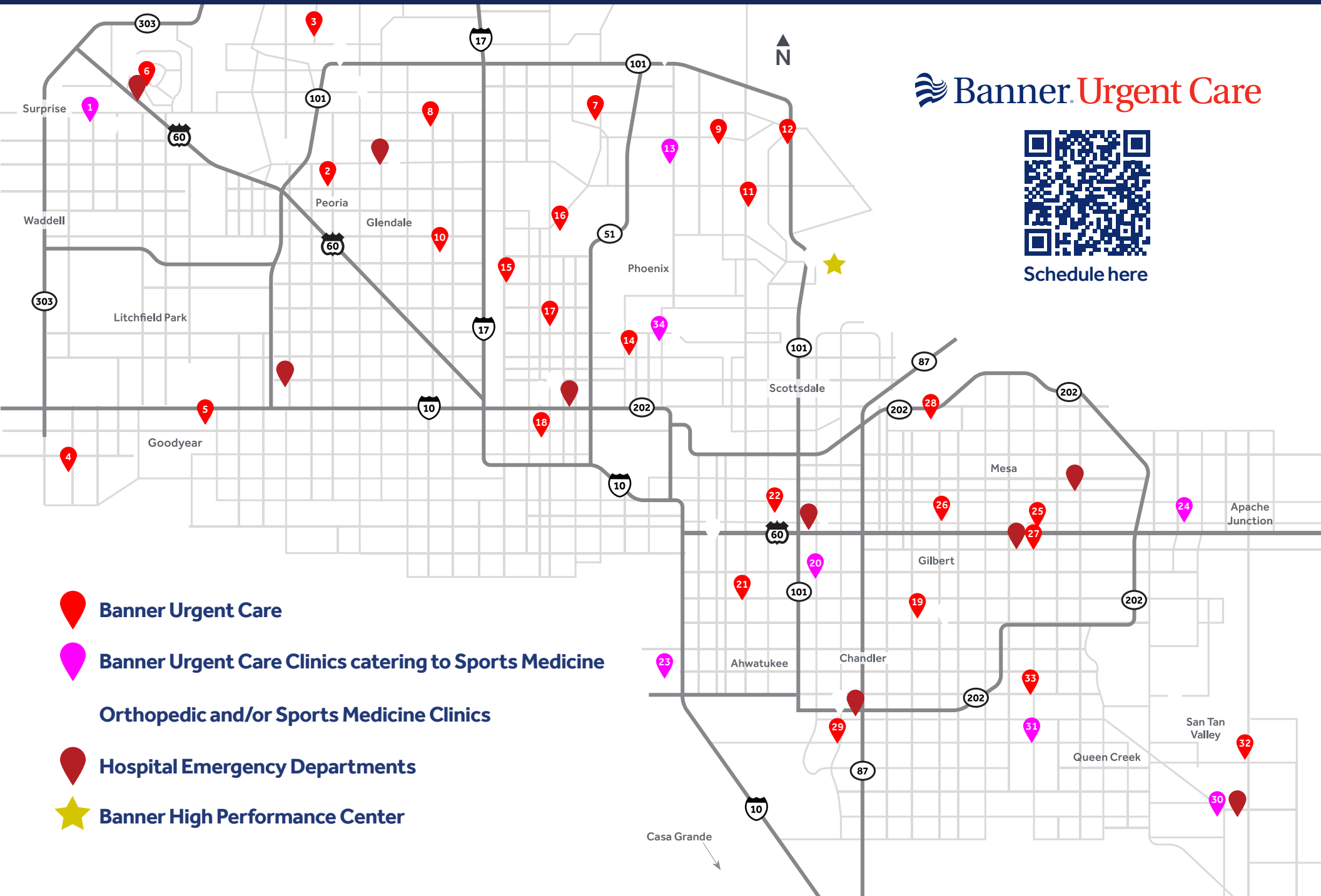
Phone: _____

Signature of Medical Professional: _____

Medical Credential (Circle): MD / DO / ND / NP / PA-C / CCSP

Banner Sports Medicine

AIA



Banner Urgent Care

Schedule here

Banner Urgent Care

1. **Bell & Reems**
   15521 W. Bell Rd.
   Surprise, AZ 85374
2. **Cactus & 75th Ave.**
   7611 W. Cactus Rd.
   Peoria, AZ 85381
3. **Deer Valley & 83rd Ave.**
   21980 N. 83rd Ave.
   Peoria, AZ 85383
4. **Yuma & Sarival**
   16430 W. Yuma Rd.
   Goodyear, AZ 85338
5. **Van Buren & Avondale**
   11685 W. Van Buren St.
   Avondale, AZ 85323
6. **Johnson & Meeker**
   13901 W. Meeker Blvd.
   Sun City West, AZ 85375
7. **Bell & 32nd St.**
   3247 E. Bell Rd., PB1
   Phoenix, AZ 85032
8. **Bell & 43rd Ave.**
   4232 W. Bell Rd.
   Glendale, AZ 85308
9. **Greenway & 64th St.**
   6501 E. Greenway Pkwy.
   Scottsdale, AZ 85254
10. **43rd Ave. & Northern**
    7952 N. 43rd Ave.
    Glendale, AZ 85301
11. **Scottsdale & Shea**
    10330 N. Scottsdale Rd., Ste. 25
    Scottsdale, AZ 85253
12. **Pima & 87th St.**
    15223 N. 87th St., Ste. 110
    Scottsdale, AZ 85260
13. **Tatum & Thunderbird**
    4760 E. Thunderbird Rd., Ste. 1
    Phoenix, AZ 85032
14. **32nd St. & Indian School**
    3141 E. Indian School Rd., Ste. 104
    Phoenix, AZ 85016
15. **19th Ave. & Glendale**
    1940 W. Glendale Ave.
    Phoenix, AZ 85021
16. **7th St. & Cave Creek**
    9111 N. 7th St.
    Phoenix, AZ 85020
17. **7th St & Camelback**
    5018 N. 7th St.
    Phoenix, AZ 85014
18. **Central & Washington**
    1 N. Central Ave. Ste. 105
    Phoenix, AZ 85004
19. **Warner & Cooper**
    641 W. Warner Rd.
    Gilbert, AZ 85233
20. **Dobson & Guadalupe**
    1955 W. Guadalupe Rd., Ste. 1
    Mesa, AZ 85202
21. **Rural & Elliot**
    931 E. Elliot Rd., Ste. 115
    Tempe, AZ 85284
22. **McClintock & Southern**
    3141 S. McClintock Dr., Ste. 1
    Tempe, AZ 85282
23. **Chandler & 41st St.**
    4206 E. Chandler Blvd., Ste. 1
    Phoenix, AZ 85048
24. **Crismon & Southern**
    1157 S. Crismon Rd., Ste. 101
    Mesa, AZ 85208
25. **Higley & Southern**
    1215 S. Higley Rd.
    Mesa, AZ 85206
26. **Southern & Gilbert**
    1121 S. Gilbert Rd., Ste. 101
    Mesa, AZ 85204
27. **Higley & Baseline**
    1660 N. Higley Rd., Ste. 104
    Gilbert, AZ 85234
28. **Gilbert & McKellips**
    1908 E. McKellips Rd.
    Mesa, AZ 85203
29. **Alma School & Queen Creek**
    2950 S. Alma School Rd., Ste. 1
    Chandler, AZ 85286
30. **Gary & Empire**
    35945 N. Gary Rd.
    San Tan Valley, AZ 85143
31. **Higley & Queen Creek**
    3160 E. Queen Creek Rd.
    Gilbert, AZ 85297
32. **Ironwood & Ocotillo**
    40773 N. Ironwood Rd.
    San Tan Valley, AZ 85140
33. **Pecos & Higley**
    3126 S. Higley Rd., Ste. 109
    Gilbert, AZ 85295
34. **Arcadia**
    4200 E Camelback Rd., Ste. 106
    Phoenix, AZ 85018

Banner Urgent Care Clinics catering to Sports Medicine

Banner Sports Medicine

Orthopedic and/or Sports Medicine Clinics:

Banner Sports Medicine Scottsdale
7400 N. Dobson Rd., 2nd floor
Scottsdale, AZ 85256
480-733-7400

★ **Banner High Performance Center**
7400 N. Dobson Rd., 1st floor
Scottsdale AZ 85256
480-733-7450

Banner Health Plus Arcadia
4200 E. Camelback Rd., 1st floor
Phoenix, AZ 85018
602-229-2200

Banner University Orthopedic & Sports Medicine
755 E. McDowell Rd., 2nd floor, Side A
Phoenix, AZ 85006
602-521-3250

Banner Concussion Center
1320 N. 10th St., Ste. B
Phoenix, AZ 85006
602-839-7285

Banner Health Center
13995 W. Statler Blvd., Ste. 200
Surprise, AZ 85379
623-876-3870

Banner Health Center
14416 W. Meeker Blvd.
Sun City West, AZ 85375
623-876-3800

Banner Health Center
4375 E. Irma Ln.
Phoenix, AZ 85050
602-298-8888

Banner Health Center
7701 W. Aspera Blvd.
Glendale, AZ 85308
602-298-8888

Banner Health Center
37100 N. Gantzel Rd., Ste. 107
Queen Creek, AZ 85140
480-394-4480

Banner Health Clinic
5601 W. Eugie Ave., Ste. 100
Glendale, AZ 85304
602-298-8888

TOCA at Banner Health Arrowhead
18700 N. 64th Dr., Ste. 220
Glendale, AZ 85308
602-277-6211

TOCA at Banner Health Biltmore
2222 E. Highland Ave., Ste. 300
Phoenix, AZ 85016
602-277-6211

TOCA at Banner Health Scottsdale
9377 E. Bell Rd., Ste. 231
Scottsdale, AZ 85260
602-277-6211

TOCA at Banner Health Tempe
5002 S. Mill Ave., Tempe, AZ 85282
602-277-6211

Banner Health Clinic Gilbert
1920 N. Higley Rd., Ste. 206
Gilbert, AZ 85234
480-543-6700

Banner Health Clinic Warner
155 E. Warner Rd., Gilbert, AZ 85296
480-543-6700

Banner Health Clinic
1432 S. Dobson Rd., Ste. 304
Mesa, AZ 85202
480-412-7400

BMG Health Clinic
1125 S. Alma School Rd., Se. 210
Chandler, AZ 85286
480-543-6700

BMG Health Clinic
9165 W. Thunderbird Rd., Ste. 101
Peoria, AZ 85381
623-876-3870

BMG Health Clinic
1811 E. McMurray Blvd.
Casa Grande, AZ 85122
520-374-6520