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

2025-26 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Banner Urgent Care
EXCLUSIVE URGENT CARE PARTNER OF THE AIA

Name:_____ Date of Birth: _____
Age: _____ Sex: _____
Height: _____ Weight:_____
% Body Fat (optional): _____ Pulse: _____
BP: ____ / ____ (____ / ____,____ / ____)
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		
Shouler/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:

Cleared Without Restriction

Cleared With Following Restriction(s): _____

Not Cleared For: All Sports Certain Sports:_____ Reason: _____

Medically eligible for all sports without restriction with recommentations for further evaluation or treatment of:

_____

Recommendations:_____

Name of Medical Professional (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Medical Professional: _____ , MD/DO/ND/NP/PA-C/CCSP

Medical Professional has reviewed family history _____ (Initials)