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): D High Blood Pressure DA Heart Murmur D High Cholesterol DA 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):	☐	☐

D Head D Neck D Shoulder D Upper Arm D Elbow D Forearm
D Hand/Fingers D Chest D Upper Back D Lower Back D Hip ☐ rhigh
D Knee D Calf/Shin D Ankle D 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?	D	D
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

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Banner Urgent Care
EXCLUSIVE URGENT CARE PARTNER OF THE AIA

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		2	3
Not being able to stop or control worrying	0		2	3
Little interest or pleasure in doing things	0		2	3
Feeling down, depressed, or hopeless	0		2	3

Share Any Notes Related To The Above Section

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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}	D	D
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 [11]Yes" Answers Here

Additional History

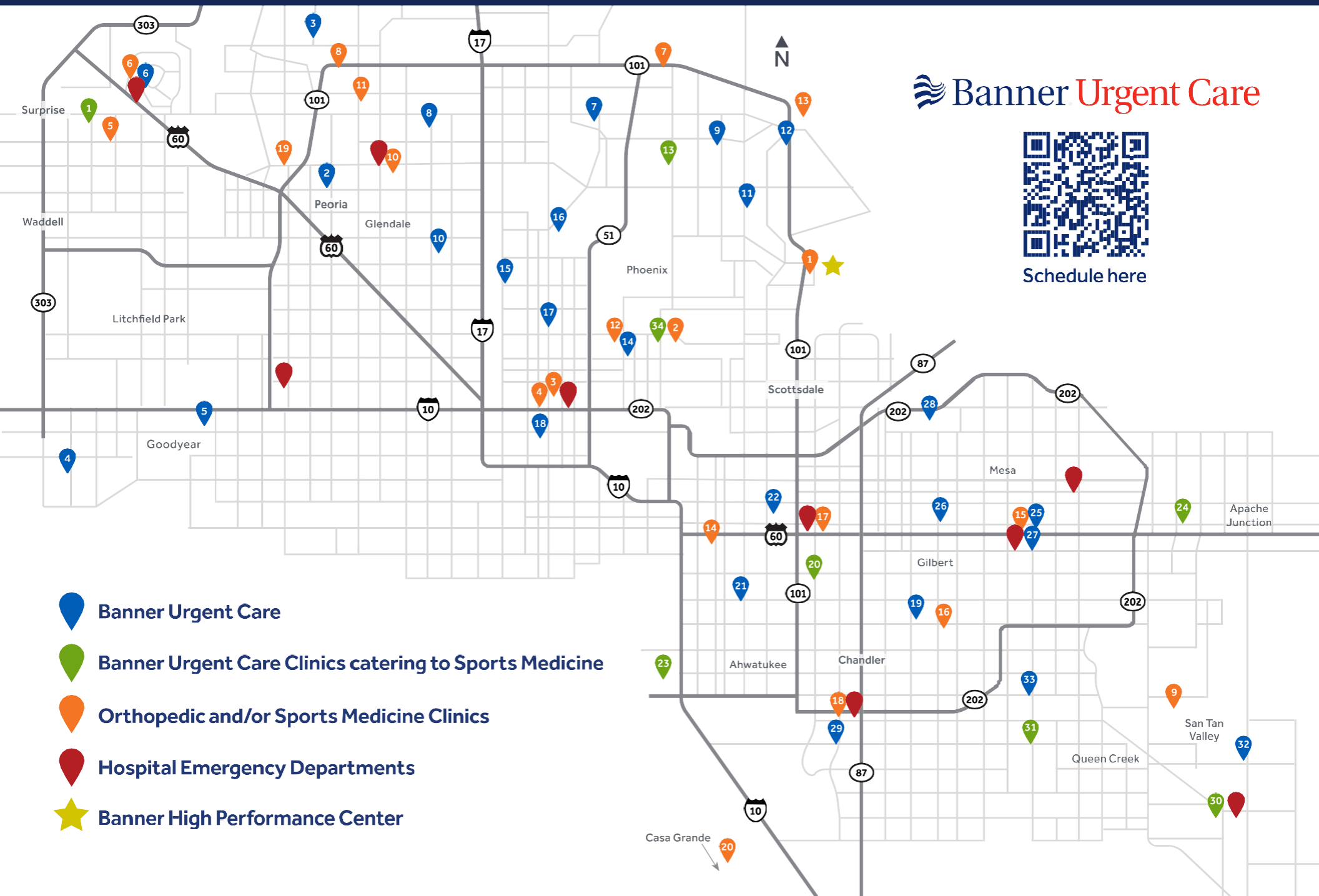
		Yes	No
1)	Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?	☐	☐
2)	Do you drink alcohol or use illicit drugs?	☐	☐
3)	Have you ever taken anabolic steroids or used any other performance-enhancing supplements?	☐	☐
4)	Have you ever taken any supplements to help you gain or lose 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 _____

Banner Sports Medicine

AIA



Banner Urgent Care

Schedule here

- Banner Urgent Care
- Banner Urgent Care Clinics catering to Sports Medicine
- Orthopedic and/or Sports Medicine Clinics
- Hospital Emergency Departments
- Banner High Performance Center

Banner. Urgent Care

Bell&Reems
15521 W. Bell Rd.
Surprise, AZ 85374

Cactus & 75th Ave.
7611W. Cactus Rd.
Peoria, AZ 85381

DeerValley&83rdAve.
21980 N. 83rd Ave.
Peoria, AZ 85383

Yuma & Sarival
16430 W. Yuma Rd.
Goodyear, AZ 85338

Van Buren & Avondale
11685 W. Van Buren St.
Avondale, AZ 85323

Johnson & Meeker
13901W. Meeker Blvd.
Sun City West, AZ 85375

Bell&32ndSt.
3247 E. Bell Rd., PBl
Phoenix, AZ 85032

Bell&43rdAve.
4232 W. Bell Rd.
Glendale, AZ 85308

Greenway & 64th St.
6501E. Greenway Pkwy.
Scottsdale, AZ 85254

43rd Ave. & Northern
7952 N. 43rd Ave.
Glendale, AZ 85301

Scottsdale & Shea
10330 N. Scottsdale Rd., Ste. 25
Scottsdale, AZ 85253

Pima & 87th St.
15223 N. 87th St., Ste. 110
Scottsdale, AZ 85260

Tatum & Thunderbird
4760 E. Thunderbird Rd., Ste. 1
Phoenix, AZ 85032

32nd St. & Indian School
3141E.Indian School Rd., Ste. 104
Phoenix, AZ 85016

19th Ave. & Glendale
1940 W. Glendale Ave.
Phoenix, AZ 85021

7th St. & Cave Creek
9111N. 7thSt.
Phoenix, AZ 85020

7th St & Camelback
5018 N. 7th St.
Phoenix, AZ 85014

Central & Washington
1 N. Central Ave. Ste. 105
Phoenix, AZ 85004

Warner & Cooper
641 W. Warner Rd.
Gilbert, AZ 85233

Dobson & Guadalupe
1955 W. Guadalupe Rd.,Ste.1
Mesa, AZ 85202

Rural & Elliot
931 E. Elliot Rd., Ste. 115
Tempe, AZ 85284

McClintock & Southern
3141S. McClintock Dr., Ste. 1
Tempe, AZ 85282

Chandler&41stSt.
4206 E. Chandler Blvd., Ste. 1
Phoenix, AZ 85048

Crismon & Southern
1157 S. Crismon Rd., Ste. 101
Mesa, AZ 85208

Higley & Southern
1215 S. Higley Rd.
Mesa, AZ 85206

Southern & Gilbert
1121S. Gilbert Rd., Ste. 101
Mesa, AZ 85204

Higley & Baseline
1660 N. Higley Rd., Ste. 104
Gilbert, AZ 85234

Gilbert & McKellips
1908 E. McKellips Rd.
Mesa, AZ 85203

Alma School & Queen Creek
2950 S. Alma School Rd., Ste. 1
Chandler, AZ 85286

Gary & Empire
35945 N. Gary Rd.
San Tan Valley, AZ 85143

Higley & Queen Creek
3160 E. Queen Creek Rd.
Gilbert, AZ 85297

Ironwood & Ocotillo
40773 N. Ironwood Rd.
San Tan Valley, AZ 85140

Pecos & Higley
3126 S. Higley Rd., Ste. 109
Gilbert, AZ 85295

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.
SunCityWest,AZ 85375
623-876-3800

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

Banner Health Center
7701W. 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
5601W. 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
1811E. McMurray Blvd.
Casa Grande, AZ 85122
520-374-6520

Banner
University Medicine
Orthopedics & Sports Medicine

AIA

Banner Urgent Care

Banner Urgent Care | Prince & Campbell
3611 N. Campbell Ave.
Tucson, AZ 85719

Banner Urgent Care | Golf Links & Kolb
7066 E. Golf links Rd.
Tucson, AZ 85730

Banner Urgent Care *Catering to Sports Medicine*
Thornydale & Ina
7089 N. Thornydale Rd., Ste. 101
Tucson, AZ 85741

Orthopedic and/or Sports Medicine Clinics

Banner- University Medicine Alvernon Clinic
707 N. Alvernon Way, Ste. 205
Tucson, AZ 85705

Banner- University Medicine North Hills
265 W. Ina Rd.
Tucson, AZ 85704

Banner- University Medicine Center South Campus
2800 E. Ajo Way, Ste. 200
Tucson, AZ 85713

Hospital Emergency Departments

Banner- University Medical Center Tucson
1625 N. Campbell Ave.
Tucson, AZ 85719

Banner- University Medical Center South
2800 E. Ajo Way
Tucson, AZ 85713

Banner. Urgent Care

Schedule here

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Name: _____ Date of Birth: _____

Age: _____ Sex: _____

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

Pulse: _____ Blood Pressure {l st measure): __ / __ {2nd measure) __ / __ {3rd measure) __ / _

Vision: R20/____ L20/___ Corrected: D Y D N Pupils: D Equal D 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 I & - Having a third party present is recommended for the genitourinary examination

NOTES AND RECOMMENDATIONS:

D Cleared without restriction for all sports

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

_____

D 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

AIA ARIZONA INTERSCHOLASTIC ASSOCIATION™

OUR STUDENTS, OUR TEAMS . . . OUR FUTURE.

Arizona Interscholastic Association, Inc.
Mild Traumatic Brain Iniury (MTBI) / Concussion
Annual Statement and Acknowledgement Form

I, _____ (student}, acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:
Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian must print and sign name below and indicate date signed:
Print Name: _____ Signature: _____ Date: _____

2026-27 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association **(AIA),** _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/**AIA,** to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designate

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____,

a minor and student-athlete at _____
(name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QM P's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QM P. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QM P, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____

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PARTNER OF THE AIA

For More Information Regarding Student-Athlete Mental Healtti

988 SUICIDE & CRISIS LIFELINE

Athlete Helpline

888•279•1026

athletehelplir

Text Call Chat

Athletes
Coaches
Parents
Sports
Communities