



Canine Athlete Association
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The Fastest Urgent Care of the
 Canine Athlete Association

2020-21 SCHOOL YEAR, ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

(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: _____ Gender: _____ Grade: _____

School: _____ Team(s): _____

Personal Physician: _____

Hospital Preference: _____

EMERGENCY CONTACTS

1) Name			Relation (e.g.,
Phone (Home)	Phone (Work)	Phone (Cell))
2) Name			Relation (e.g.,
Phone (Home)	Phone (Work)	Phone (Cell))

Specify "No" answers on the following pages. 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 condition (like diabetes or asthma)?		
3) Are you currently taking any prescription or non-prescription (over the counter) medicine or supplements? (Please specify)		
4) Do you have allergies to medicines, pollen, foods or anything else? (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?		