

# ANNUAL SCHOOL SPORTS PHYSICALS

for Tempe Union High  
School District Students

Tempe School District  
athletes may attend a  
physical at any of the  
following dates/times:

**Tempe  
High School**  
April 3  
2:30-4:30 p.m.

**Desert Vista  
High School**  
April 6  
8 a.m.-noon

**McClintock  
High School**  
April 10  
2:30-4:30 p.m.

**Marcos de Niza  
High School**  
April 17  
2:30-4:30 p.m.

**Mountain Pointe  
High School**  
April 25  
3:30-6:30 p.m.

**Corona del Sol  
High School**  
May 11  
9:00 a.m.-noon

## Cost:

\$15 cash or check made payable to  
Steward Orthopedic & Sports Medicine Center

## What to bring:

AIA 2019-2020 Annual Pre-participation Physical Evaluation  
paperwork completed with parent/guardian signatures  
(available on the AIA website: [http://aiaonline.org/files/10800/  
form-157-a-annual-preparticipation-physical-evaluation.pdf](http://aiaonline.org/files/10800/form-157-a-annual-preparticipation-physical-evaluation.pdf)).

## If coming without a parent/guardian:

Please bring permission form (available in your school's  
athletic office).

*There are no set appointment times. We will see you in the  
order that you arrive. Wait time will vary.*

*Doors will shut at the end time listed. You must be in line  
by closing time to receive a physical.*



**STEWART ORTHOPEDIC  
& SPORTS MEDICINE CENTER**

StewardOrthoAZ.com

## Sports Physical/Parental Permission/Information

Dear Parent/ Guardian (s):

Attached is the 2019-2020 Annual Pre-participation Physical Evaluation and 2019-2020 Annual Pre-participation Physical Examination form (*doctor to fill out page 4*). The Parent/Guardian must fill out pages 1-3). Parent/Guardian Signature is required on page 1 & 3. All completed forms should be returned to the Athletic Office or brought to Physicals with \$15 (Cash or Check) payment for the cost of the physical.

Student Name & ID

Physical #

Has permission to stay after school to receive his/or her pre-participation physical exam for the 2019-2020 school year to be conducted by Steward Orthopedics & Sports Medicine Center's Staff &/or affiliates.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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