

## 2019-20 ANNUAL PREPARTICIPATION 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: \_\_\_\_\_  
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.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) 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 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
11) 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):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) 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")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

### Females Only

	Y	N
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	<input type="text"/>	
39) How many periods have you had in the last year?	<input type="text"/>	

### Explain "Yes" Answers Here



## 2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

### Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N
8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>

### Explain "Yes" Answers Here

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 Athlete \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP \_\_\_\_\_

Date \_\_\_\_\_



## 2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____
Age: _____	Sex: _____
Height: _____	Weight: _____
% Body Fat (optional): _____	Pulse: _____
	BP: ____ / ____ (____ / ____ , ____ / ____)
Vision: R20/____ L20/____	Corrected: Y <input type="radio"/> N <input type="radio"/>
Pupils: Equal <input type="radio"/> Unequal <input type="radio"/>	

	Normal	Abnormal Findings	Initials *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* - Multi-examiner set-up only

& - Having a third party present is recommended for the genitourinary examination

### NOTES:

☐ Cleared Without Restriction

☐ Cleared With Following Restriction: \_\_\_\_\_

☐ Not Cleared For: ☐ All Sports ☐ Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



## 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 designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY

"I, \_\_\_\_\_, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor and student/athlete at \_\_\_\_\_ who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP'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 QMP. 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 QMP, 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 \_\_\_\_\_



**Arizona Interscholastic Association, Inc.**

**Mild Traumatic Brain Injury (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: \_\_\_\_\_



# PARENT CODE OF CONDUCT

Valley Lutheran High School provides a foundation for a life of faith, learning and service, through a biblical Christ-centered, college preparatory education and Christian relationships.

VLHS strives to teach athletes to learn, serve, and share Christ through relationships and continue to make a difference in the world.

VLHS Parents of Student Athletes will agree to:

- Support the coaches by applauding behavior in your child and his teammates that demonstrates characteristics of integrity, empathy, sacrifice, and responsibility.
- Acknowledge and appreciate players' growth toward maturity and their effort toward establishing stronger relationships with teammates, coaches, and themselves.
- Affirm you son/daughter and his/her teammates when good character, healthy sportsmanship, and other-centered behavior are displayed. Do not affirm only his/her athletic performance or a victory.
- Serve as role models for our players, talking politely and acting courteously toward coaches, officials, other parent, visiting team parents, and spectators at practices, games and meetings.
- Model good sportsmanship by acknowledging and applauding the efforts of team members and opponents. Accept defeat graciously by congratulating the members of the opposing team on a game well played. Support the team regardless of how much or how little your son/daughter plays or what the win-loss record is.
- Encourage your child and his/her teammates with positive statements, even when they make mistakes. At every practice they are growing physically and emotionally. At every practice they are learning moral and ethical lessons. At every practice they are developing character.
- Refrain from boasting about your child's accomplishments.
- When problems or questions arise, please have your son/daughter present the problem to his/her coach. We want players to develop self-advocacy. After meeting with his/her coach, if the issue requires more clarity, contact the athletic director.

Because I am a role model who has the power, position, and platform to make a positive difference in the lives of my athlete, I commit to this code of conduct. When failing to live up to these standards I will allow for accountability and take responsibility for my actions.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PLAYER CODE OF CONDUCT

Valley Lutheran High School provides a foundation for a life of faith, learning and service, through a biblical Christ-centered, college preparatory education and Christian relationships.

VLHS strives to teach athletes to learn, serve, and share Christ through relationships and continue to make a difference in the world.

- Accept responsibility for my behavior on and off the field/court. Understand that what is done and said affects my teammates, my school, and other people either positively or negatively.
- Lead courageously and live with integrity by speaking up against injustice and on behalf of others even when it is hard or unpopular.
- Act with respect toward myself and the people and things around me, including my parents, my coaches, my teammates, my teachers, my opponents and the spectators.
- Not put people in boxes according to their race, sex, religion, neighborhood, or abilities. Judge people by the content of their character.
- Act with empathy. Try to understand what is going on in the hearts and minds of others and what is causing those feelings so as to be supportive and encouraging. Ask, "How can I help you?"
- Serve as a role model at all times by talking politely and acting courteously toward coaches, teammates, opponents, officials, and spectators. Understand that it is a privilege to represent my family, school, and community as a student-athlete.
- Give 100% effort to practices, games and events. Understand that effort demonstrates my commitment to the team and my respect for my coaches and teammates.
- Display good sportsmanship. Acknowledge and applaud the efforts of others. Encourage my teammates with positive statements. Refrain from boasting to my teammates and "trash-talking" to members of the other teams. Accept defeat graciously by congratulating my opponents on a game well played.

Because I represent my family, school, and team, I abide by the policies, rules, and guidelines of the school, team, and coaches.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## USE OF PRIVATE VEHICLES FOR ATHLETIC EVENTS

The following guidelines are agreed to for the use of a private vehicle for Valley Lutheran athletic events (which may include practices and games):

- **Voluntary Use** – The use of my vehicle is voluntary and is no way a requirement of my membership on a VLHS athletic team.
- **Expenses** – I am personally responsible for expenses incurred during my travel and do not expect reimbursement from Valley Lutheran High School.
- **Supervision** – I will be required to follow the instructions of the head coach as part of the traveling party.
- **License and Insurance** – I understand I am to have a valid driver's license and my insurance is my sole coverage in the event of an accident.
- **Law Compliance** – I agree to abide by all traffic laws.
- **Alcohol/Drugs** – I agree to not possess or be under the influence of alcohol or drugs at any time while traveling to or from this activity.

By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

Participant's Name

Signature

Date

Parent/Guardian Name

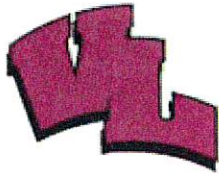
Signature

Date

Athletic Director/Designee

Signature

Date



Valley Lutheran High School  
5199 N. 7<sup>th</sup> Avenue  
Phoenix AZ 85013

602 230-1600  
602 230-1602 Fax

## Sports Participation Registration and Consent

To be signed by both parent and student.

Please return this form with your participation fee. Checks made payable to VLHS.

Participant: \_\_\_\_\_

### Fall

- ☐ Football
- ☐ Volleyball
- ☐ Cheer
- ☐ Cross Country

### Winter

- ☐ Boys Basketball
- ☐ Girls Basketball
- ☐ Soccer
- ☐ Wrestling

### Spring

- ☐ Track and Field
- ☐ Tennis
- ☐ Golf
- ☐ Softball
- ☐ Baseball

### *I understand that to participate in sports at VLHS I must:*

- Maintain my academic standing.
- Attend all scheduled classes and practices, unless excused.
- Conduct myself in a manner that reflects the Christ-centered objectives of VLHS.
- Treat school property, including uniforms, with respect.
- Uphold the policy for drugs, alcohol and tobacco.

**I understand that failure to comply with these rules may result in my suspension or dismissal from the team or athletic program.**

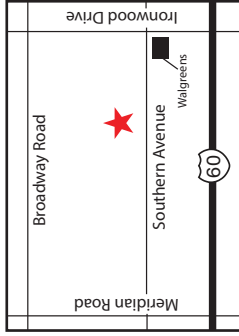
\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

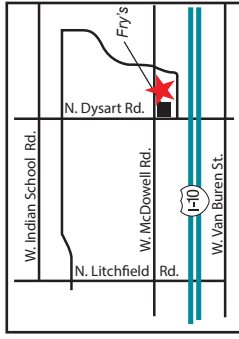
- I/We give our permission for our child to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.
- I/We understand there is a sports participation fee to be paid before the beginning of season play. **Football - \$175. All other sports - \$100 per sport.**
- I/We understand my child will not be allowed to play in the regular season until this signed *Consent Form*, the *participation fee* and the *Physical Forms* have been turned in to the school office.

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

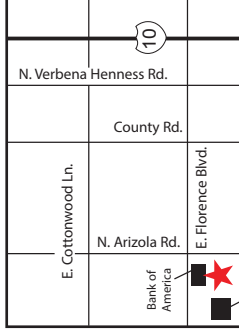
\_\_\_\_\_  
Date



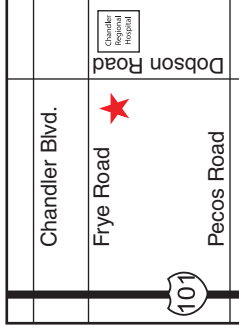
**Apache Junction • 85120**  
2080 West Southern Ave., Suite #A1



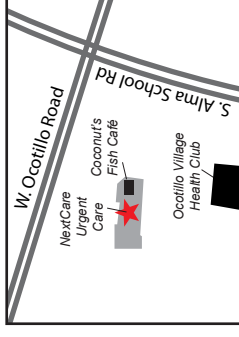
**Avondale • 85392**  
13075 W. McDowell Rd., Suite #D106



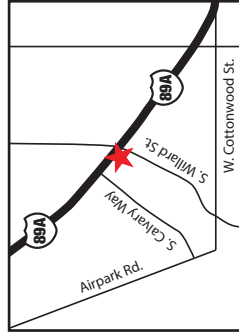
**Casa Grande • 85122**  
1683 E. Florence Blvd., Suite #7



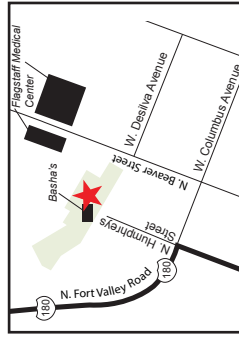
**Chandler • 85224**  
600 S. Dobson Road, Suite #C-26



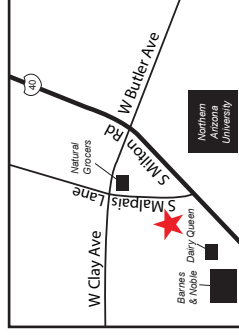
**Chandler • 85248**  
1155 W. Ocotillo Road, Suite #4



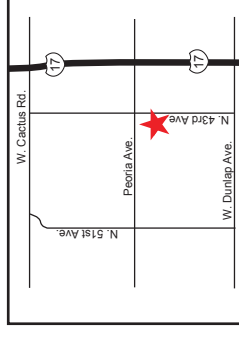
**Cottonwood • 86326**  
450 S. Willard Street, Suite #120



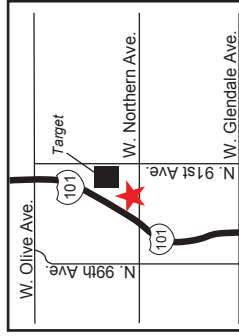
**Flagstaff • 86001**  
1000 N. Humphreys St., Suite #104



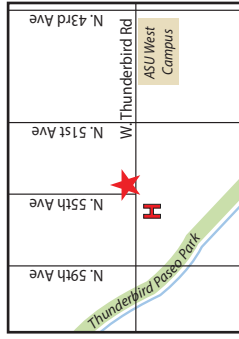
**Flagstaff • 86001**  
399 S. Malpais Lane, Suite #100



**Glendale • 85302**  
10240 N. 43rd Ave., Suite #3



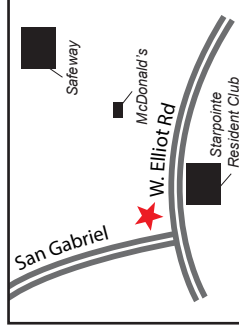
**Glendale • 85305**  
9494 W. Northern Ave., Suite #101



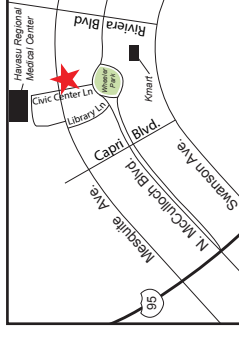
**Glendale • 85306**  
5410 W. Thunderbird Road, Suite #101



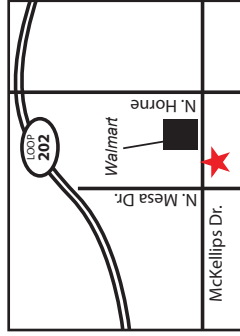
**Glendale • 85308**  
18589 N. 59th Ave., Suite #101



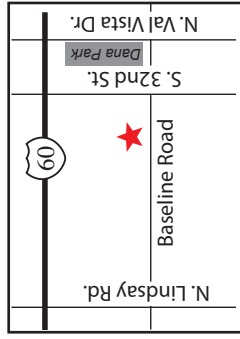
**Goodyear • 85338**  
17688 W. Elliot Road



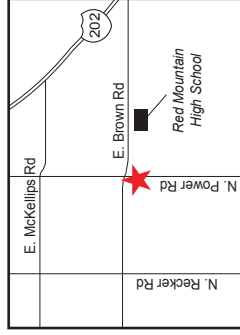
**Lake Havasu City • 86403**  
1810 Mesquite Ave., Suite B



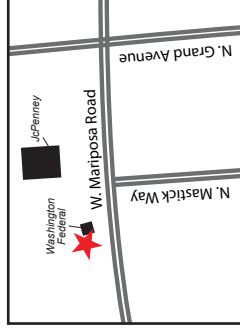
**Mesa • 85203**  
535 E. McKellips Road, Suite #101



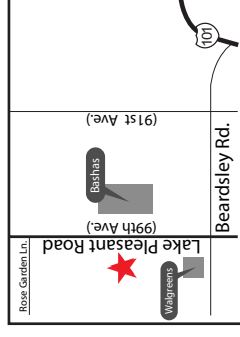
**Mesa • 85204**  
3130 E. Baseline Road, Suite #105



**Mesa • 85205**  
1066 N. Power Road, Suite #101



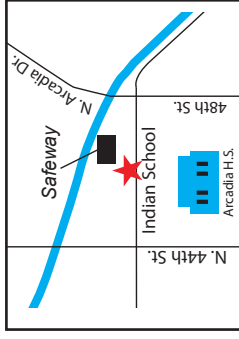
**Nogales • 85621**  
298 W. Mariposa Road



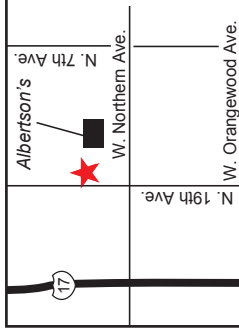
**Peoria • 85382**  
20470 N. Lake Pleasant Rd., Suite #102



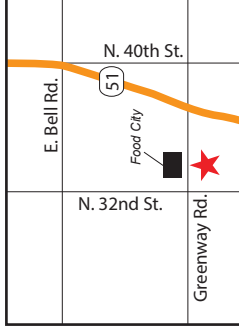
**Phoenix • 85016**  
1701 E. Thomas Road, Suite #A104



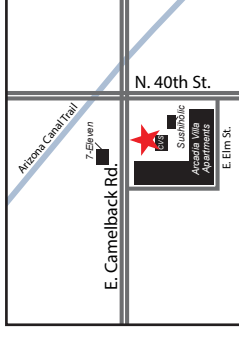
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4730 E. Indian School Rd., Suite #211



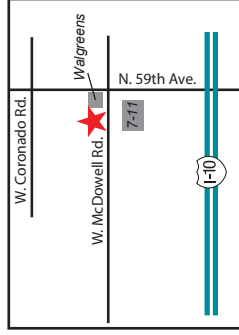
**Phoenix • 85021**  
8101 N. 19th Ave., Suite #A



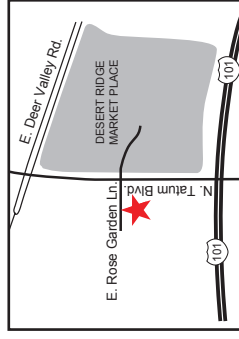
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3229 E. Greenway Rd., Suite #102



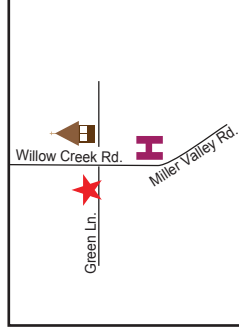
**Phoenix • 85018**  
3931 E. Camelback Road



**Phoenix • 85035**  
5920 W. McDowell Road



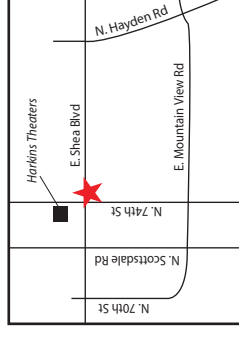
**Phoenix • 85050**  
20950 N. Tatum Blvd., Suite #190



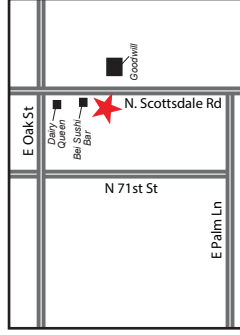
**Prescott • 86301**  
2062 Willow Creek Road



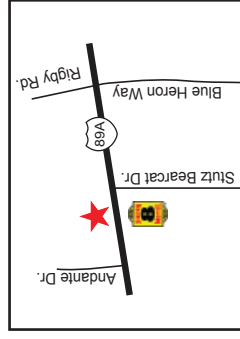
**Prescott Valley • 86314**  
3051 N. Windsong Drive



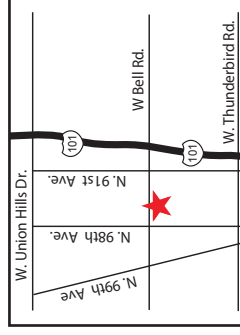
**Scottsdale • 85260**  
7425 E. Shea Blvd., Suite #108



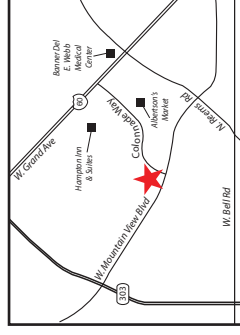
**Scottsdale • 85257**  
2122 N. Scottsdale Road



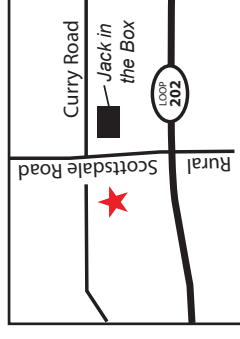
**Sedona • 86336**  
2530 W. SR 89A, Suite #A



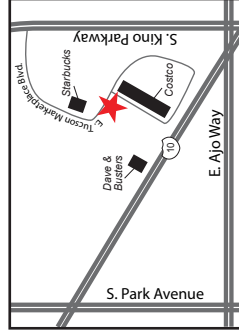
**Sun City • 85351**  
9745 W. Bell Road, Suite #105



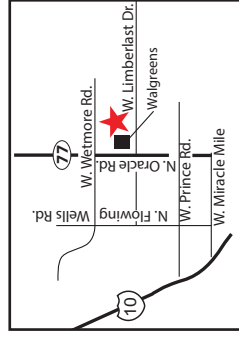
**Surprise • 85374**  
14800 W. Mtn. View Blvd., Suite #100



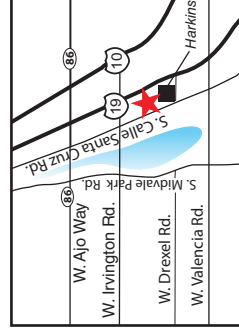
**Tempe • 85281**  
914 N. Scottsdale Rd., Suite #104



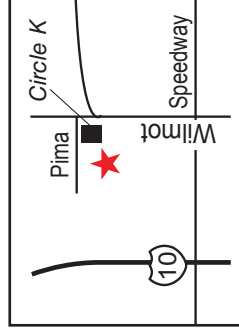
**Tucson • 85713**  
1570 E. Tucson Marketplace Blvd.



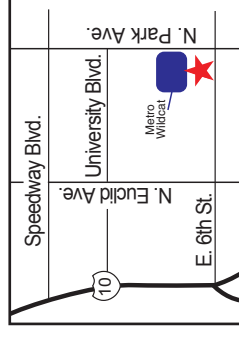
**Tucson • 85705**  
4280 North Oracle Rd., Suite #100



**Tucson • 85706**  
5369 S. Calle Santa Cruz, Suite #145



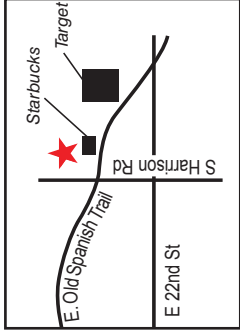
**Tucson • 85712**  
6238 E. Pima Street



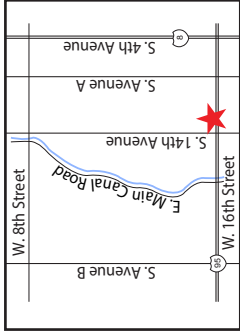
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