History and Physical/Examination Form

Students Name _____ Physicians's Name _____

Date _____ Grade Level _____

	YES	NO		YES	NO
Have you ever been hospitalized?			Do you have skin problems?		
Have you ever had surgery?			(itching, rash, acne)		
Are you presently taking any medications or pills?			Have you ever had a head injury?		
Do you have any allergies (medicine, bees, or other stinging insects)?			Have you ever been knocked out or unconscious?		
Have you ever passed out during or after exercise?			Have you ever had a seizure?		
Have you ever been dizzy during or after exercise?			Have you ever had a stinger, burner, or pinched nerve?		
Have you ever had chest pain during or after exercise?			Have you ever had heat cramps?		
Do you tire more quickly than your friends during exercise?			Have you ever been dizzy or passed out in the heat?		
Have you ever had high blood pressure?			Do you have trouble breathing or cough during or after exercise?		
Have you ever been told you have a heart murmur?			Do you use special equipment, pads, braces, mouth or eyeguards?		
Have you ever had racing of your heart or skipped beats?			Have you had problems with your eyes or vision?		
Has anyone in your family died of heart problems or a sudden death before age 50?			Do you wear glasses, contacts or protective eyewear?		

Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries to and of your bones or joints?

_____ Head	_____ Neck	_____ Chest	_____ Back	_____ Hip
_____ Shoulder	_____ Elbow	_____ Forearm	_____ Wrist	_____ Hand
_____ Thigh	_____ Knee	_____ Shin/calf	_____ Ankle	_____ Foot

Have you ever had any other medical problems such as:

_____ Mononucleosis	_____ Diabetes	_____ Asthma	_____ Hepatitis
_____ Tuberculosis	_____ Eye Injury	_____ Stomach Ulcer	_____ Frequent Headaches
_____ Other			

Have you had a medical problem or injury since your last exam? _____

When was your last tetnus shot? _____

When was your last measles immunization? _____

When was your first menstrual period? _____ When was your last menstral period? _____

What was the longest time between periods last year? _____

Explain "Yes" answers here: _____

IDAHO HEALTH EXAMINATION AND CONSENT FORM

It is required that all students complete a History and Physical examination prior to his/her first practice in the interscholastic athletic program in the State o f Idaho. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions and is at the expense of the student.

Name: _____ Address: _____ Phone: _____

Date of Birth: _____ Gender: M or F Sports: _____

Physician's Name: _____ Phone number: _____

CONSENT FOR PARTICIPATION AND TO CONFIRM INSURANCE COVERAGE

I hearby consent to the above named student participating in the interscolastic athletic program at Post Falls Middle School. I further consent to treatment deemed necessary by physicians designated by school authorites for any illness or injury resulting from his/her athletic participation. This consent includes travel to and from athletic contests and practice sessions. My signature also confirms that the above student is covered by the school insurance plan or by an adequate family insurance.

PARENT OR GUARDIAN SIGNATURE _____ **Date** _____

This application to compete in interscholastics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

SIGNATURE OF STUDENT _____ **Date** _____

PHYSICAL EXAMINATION FORM

To be signed by a physician

Height _____ Weight _____ BP ____ / ____ T ____ Pulse _____ R _____

Visual Acuity R 20/ L 20/ Corrected Y or N Pupils _____

	Normal	Abnormal
Ear/Nose/Throat		
Cardiopulmonary		
Pulse		
Heart		
Lungs		
Skin		
Abdominal		
Genitalia		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		

CLEARANCE/RECOMMENDATIONS

Clearance:

_____ A. Cleared for all sports and other school-sponsored activities.

_____ B. Cleared after completing evaluation/rehabilitation for: _____

_____ C. **NOT** cleared to participate in the following sports:
Cross Country Track Volleyball
Basketball Wrestling

_____ D. Student **is NOT** permitted to participate in Middle school athletics.
Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____

(This Physical form must be signed by a licensed physician, physician's assistant or nurse practioner)

Address: _____ Phone: _____