Idaho High School Activities Association
Physical Examination Form

Name: _____ **Date of Birth:** _____

Height _____ **Weight** _____ **BP** _____ / _____ **Pulse** _____

Vision R 20 / _____ **L 20 /** _____ **Corrected: Y N**

	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

Clearance:

A. Cleared for all sports and other school-sponsored activates.

B. Cleared after completing evaluation/rehabilitation for:

_____

C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball basketball cheer/dance cross country football golf

soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities *(example: lacrosse)*:

_____

D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This *Physical Examination Form* MUST be signed by a licensed physician, physician assistant or nurse practitioner)