



Middleton Middle School
511 West Main St
Middleton, Idaho 83644



Physical Examination Form

It is required that all student athletes complete a physical examination prior to participating in interscholastic sports activities. The exam is at the expense of the student is good for the three middle school years. This examination is to be done by a licensed physician, physicians assistant or nurse practitioner under optimal conditions.

Name _____ Home Address _____ Phone _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's Phone Number _____
 Date of Birth _____ Sex _____ School _____

History Form

	Yes	No		Yes	No
Have you ever been hospitalized?	___	___	Do you have skin Problems?	___	___
Have you ever had surgery?	___	___	Have you ever had a head Injury?	___	___
Are you presently taking any medication or pills?	___	___	Have you ever been knocked out or unconscious?	___	___
Do you have allergies (medicine bees, other)	___	___	Have you ever had a seizure?	___	___
Have you ever passed out during or after exercise?	___	___	Have you ever had a stinger, burner, pinched nerve?	___	___
Have you ever been dizzy or during or after exercise?	___	___	Have you ever had heat cramps?	___	___
Have you ever had chest pain during or after exercise?	___	___	Have you ever been dizzy or passed out in the heat?	___	___
Do you tire more quickly than your friends during exercise?	___	___	Do you have trouble breathing or coughing during or after exercise?	___	___
Have you ever had high blood pressure?	___	___	Do you use special equipment, pads, braces mouth or eye guards?	___	___
Have you ever been told you have a heart murmur?	___	___	Have you had problem with your eyes or vision?	___	___
			Do you wear glasses, contacts, or protective eyewear?	___	___
			has anyone in your family died of heart problems or sudden death before age 50?	___	___

Have you ever sprained/strained, dislocated, fractured, or had repeated swelling or other injuries of any 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 problems such as: ___ Mononucleosis ___ Diabetes ___ Asthma ___ Hepatitis
 ___ Headaches ___ Tuberculosis ___ Eye Injuries ___ Stomach Ulcer ___ Other

Have you ever had a medical problem or injury since your last exam? _____
 When was your last tetanus shot? _____ When was your last measles immunization? _____
 When was your first menstrual period? _____ When was your last menstrual period? _____
 What was the longest time between periods last year? _____

Height _____ Weight _____ BP _____ / _____ Pulse _____ R _____
 Visual Acuity R 20/ _____ L 20/ _____ Corrected Y N Pupils _____

Nose, Throat _____ Normal _____ Abnormal _____

Cardiopulmonary

Pulses _____
Heart _____
Lungs _____

Skin

Abdominal _____

Genitalia _____

Musculoskeletal

Neck _____

Shoulder _____

Wrist _____

Hand _____

Back _____

Knee _____

Ankle _____

Foot _____

CLEARANCE / RECOMMENDATIONS

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

_____ Cleared after complete evaluation / rehabilitation for: _____

_____ Not cleared to participate in the following sponsored sports:

Basketball Cross-Country Golf Tennis Volleyball Track Wrestling Football

_____ Student is not permitted to participate in middle school athletics.

Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____

Address: _____ Phone: _____

CONSENT FORM

(Parent or Guardian and Student Permission Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

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

SIGNATURE OF PARTICIPANT: _____ Date: _____