



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
Address: _____ Phone: _____
School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | ☐ | ☐ | 6. Have you ever had a head injury? | ☐ | ☐ |
| Have you ever had surgery? | ☐ | ☐ | Have you ever been knocked out or unconscious? | ☐ | ☐ |
| 2. Are you presently taking any medication or pills? | ☐ | ☐ | Have you ever been diagnosed with a concussion? | ☐ | ☐ |
| 3. Do you have any allergies (medicine, bees, other insects)? | ☐ | ☐ | Have you ever had a seizure? | ☐ | ☐ |
| 4. Have you ever passed out during or after exercise? | ☐ | ☐ | Have you ever had a stinger, burned or pinched nerve? | ☐ | ☐ |
| Have you ever been dizzy during or after exercise? | ☐ | ☐ | 7. Have you ever had heat or muscle 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? | ☐ | ☐ | 8. Do you have trouble breathing or do you cough during or after exercise? | ☐ | ☐ |
| Have you ever had high blood pressure? | ☐ | ☐ | 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)? | ☐ | ☐ |
| Have you been told you have a heart murmur? | ☐ | ☐ | 10. Have you ever had problems with your eyes or vision? | ☐ | ☐ |
| Have you ever had racing of your heart or skipped heartbeats? | ☐ | ☐ | Do you wear glasses, contacts or protective eyewear? | ☐ | ☐ |
| Has anyone in your family died of heart problems or a sudden death before age 50? | ☐ | ☐ | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)? | ☐ | ☐ |
| 5. Do you have any skin problems (itching, rash, acne)? | ☐ | ☐ | | | |

12. Have you had a medical problem or injury since your last evaluation? ☐ Yes ☐ No

13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?

- ☐ head ☐ back ☐ shoulder ☐ forearm ☐ hand ☐ hip ☐ knee ☐ ankle
☐ neck ☐ chest ☐ elbow ☐ wrist ☐ finger ☐ thigh ☐ shin ☐ foot

14. Were you born without a kidney, testicle, or any other organ? ☐ Yes ☐ No

15. When was your first menstrual period? _____

When was your last menstrual period? _____

What was the longest time between your periods last year? _____

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and 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 school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

PARENT OR 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 of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____

DATE: _____

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			
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 activities.
- 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)