

**IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
IDAHO HEALTH EXAMINATION AND CONSENT FORM**

It is required that 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 principal prior to the first practice.

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

HISTORY FORM

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

	YES	NO		YES	NO
1. A. Have you ever been hospitalized?	_____	_____	5. Do you have any skin problems? (itching, rash, acne)	_____	_____
B. Have you ever had surgery?	_____	_____	6. A. Have you ever had a head injury?	_____	_____
2. Are you presently taking any medication or pills?	_____	_____	B. Have you ever been knocked out or unconscious?	_____	_____
3. Do you have any allergies (medicine, bees, other stinging insects)?	_____	_____	C. Have you ever had a seizure?	_____	_____
4. A. Have you ever passed out during or after exercise?	_____	_____	D. Have you ever had a stinger, burner, or pinched nerve?	_____	_____
B. Have you ever been dizzy during or after exercise?	_____	_____	7. A. Have you ever had heat cramps?	_____	_____
C. Have you ever had chest pain during or after exercise?	_____	_____	B. Have you ever been dizzy or passed out in the heat?	_____	_____
D. Do you tire more quickly than your friends during exercise?	_____	_____	8. Do you have trouble breathing or cough during or after exercise?	_____	_____
E. Have you ever had high blood pressure?	_____	_____	9. Do you use special equipment, pads, braces, mouth or eye guards?	_____	_____
F. Have you ever been told you have a heart murmur?	_____	_____	10. A. Have you had problems with your eyes or vision?	_____	_____
G. Have you ever had racing of your heart or skipped beats?	_____	_____	B. Do you wear glasses, contacts or protective eyewear?	_____	_____
H. Has anyone in your family died of heart problems or a sudden death before age 50?	_____	_____			
11. Have you ever sprained/strained, dislocated, fractured/broken, 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	
12. Have you ever had any other medical problems such as:					
_____ Mononucleosis	_____ Diabetes	_____ Asthma	_____ Hepatitis	_____ Headaches (frequent)	
_____ Tuberculosis	_____ Eye injuries	_____ Stomach ulcer	_____ Other		
13. Have you had a medical problem or injury since last exam?	_____				
14. When was your last tetanus shot?	_____				
When was your last measles immunization?	_____				
15. When was your first menstrual period?	_____	When was your last menstrual period?	_____		
What was the longest time between periods last year?	_____				

*Explain "YES" answers here: _____

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 by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care 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 regulations of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

PHYSICAL EXAMINATION FORM

Height _____ Weight _____ BP _____ / _____ T _____ Pulse _____ R _____
 Visual acuity R 20 / _____ L 20 / _____ Corrected: Y N Pupils _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
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 IHSAA sponsored sports:
 Baseball Cross Country Golf Softball Track Wrestling
 Basketball Football Soccer Tennis Volleyball
Not cleared for other school-sponsored activities:
 (Example) 1. Swimming 2. _____ 3. _____
- _____ D. Student is *NOT* permitted to participate in high school athletics. Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____
 (This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: (_____) _____