

**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 15th of the 8th and 10th grade years. This examination is to be done by a licensed physician 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 _____ Date of Birth _____ Sex _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's Phone Number _____

HISTORY FORM

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

- | | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| 1. Have you ever been hospitalized?
Have you ever had surgery? | ___ | ___ | 5. Do you have any skin problems?
(itching, rash, acne) | ___ | ___ |
| 2. Are you presently taking any
Medication or pills? | ___ | ___ | 6. Have you ever had a head injury?
Have you ever been knocked out or
unconscious? | ___ | ___ |
| 3. Do you have any allergies
(medicine, bees, other stinging insects?) | ___ | ___ | Have you ever had a seizure? | ___ | ___ |
| 4. Have you ever passed out during or
after exercise?
Have you ever had chest pain during or
after exercise?
Do you tire more quickly than your friends
during exercise?
Have you ever had high blood pressure?
Have you ever been told you have a
heart murmur?
Have you ever had racing of your heart
or skipped beats?
Has anyone in your family died of heart
problems or a sudden death before age 50? | ___ | ___ | 7. Have you ever had heat cramps?
Have you ever been dizzy or passed out
in the heat? | ___ | ___ |
| | ___ | ___ | 8. Do you have trouble breathing or cough
during or after exercise? | ___ | ___ |
| | ___ | ___ | 9. Do you use special equipment, pads,
braces, mouth or eyeguards? | ___ | ___ |
| | ___ | ___ | 10. Have you had problems with your eyes
or vision?
Do you wear glasses, contacts or
protective eyewear? | ___ | ___ |
| | ___ | ___ | | ___ | ___ |

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 (frequently)
 ___ 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.

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 of the eligibility rules and regulations of the State Association.

Student Signature _____ Date _____

PHYSICAL EXAMINATION FORM

C
O
M
P
L
E
T
E

L
I
M
I
T
E
D

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

Normal Abnormal

Cardiopulmonary

Pulses _____

Heart _____

Lungs _____

Skin _____

Abdominal _____

Genitalia ♀ ♂ _____

Musculoskeletal

Neck _____

Shoulder _____

Elbow _____

Wrist _____

Hand _____

Back _____

Knee _____

Ankle _____

Foot _____

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for:

- C. NOT cleared for:
 - _____ Collision
 - _____ Contact
 - _____ Non-Contact
 - _____ Strenuous
 - _____ Moderately strenuous
 - _____ Non-strenuous

Due to: _____

Recommendation: _____

IHSAA Sponsored sports:

Student may participate in all sports except the following:

1. _____	3. _____	Baseball	Cross Country	Golf	Tennis	Volleyball
2. _____	4. _____	Basketball	Football	Softball	Track	Wrestling

Other school sponsored activities:

1. _____	2. _____	3. _____	4. _____
----------	----------	----------	----------

Physician's Signature _____ Date: _____
(This physical form must be signed by a licensed physician)

Student is not permitted to participate in high school athletics. Reason: _____

Physician's Signature: _____ Date: _____
 Licensed Physician

Examined by:
 Physician Name _____ Date _____
 Address _____ Phone _____