

**Idaho High School Activities Association
Idaho Health Examination and Consent Form**

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 been diagnosed with
a concussion? | _____ | _____ |
| 4. A. Have you ever passed out during or
after exercise? | _____ | _____ | D. Have you ever had a seizure? | _____ | _____ |
| B. Have you ever been dizzy during or
after exercise? | _____ | _____ | E. Have you ever had a stinger, burner,
or pinched nerve? | _____ | _____ |
| C. Have you ever had chest pain during or
after exercise? | _____ | _____ | 7. A. Have you ever had heat cramps? | _____ | _____ |
| D. Do you tire more quickly than your
friends during exercise? | _____ | _____ | B. Have you ever been dizzy or passed
out in the heat? | _____ | _____ |
| E. Have you ever had high blood pressure? | _____ | _____ | 8. Do you have trouble breathing or
cough during or after exercise? | _____ | _____ |
| F. Have you ever been told you have a
heart murmur? | _____ | _____ | 9. Do you use special equipment, pads,
braces, mouth or eyeguards? | _____ | _____ |
| G. Have you ever had racing of your heart
or skipped beats? | _____ | _____ | 10. A. Have you had problems with your
eyes or vision? | _____ | _____ |
| H. Has anyone in your family died of heart
problems or a sudden death before age 50? | _____ | _____ | B. Do you wear glasses, contacts, or
protective eyewear? | _____ | _____ |

11. Were you born without a kidney, testicle, or any other organ? _____

12. 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 |

13. Have you ever had any other medical problems such as:

- | | | | |
|----------------------------|--------------------|--------------|-----------------|
| _____ Mononucleosis | _____ Diabetes | _____ Asthma | _____ Hepatitis |
| _____ Headaches (frequent) | _____ Eye Injuries | _____ Other | |

14. Have you had a medical problem or injury since your last exam? _____

15. When was your last tetanus shot? _____

When was your last measles immunization? _____

16. 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. I also consent to the 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 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	Wrestling	Golf	Softball
Track	Cross Country	Basketball	Football
Soccer	Tennis	Volleyball	

NOT cleared for other school-sponsored activities:
 (Example: *Swimming*) 1. _____ 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: (_____) _____