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_________________________ Sex_________________________ School_________________________
Date of Birth__________________________

### History Form

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

1. A. Have you ever been hospitalized? ______ YES ______ NO
   B. Have you ever had surgery? ______ YES ______ NO

2. Are you presently taking any medication or pills? ______ YES ______ NO

3. Do you have any allergies (medicine, bees, other stinging insects)? ______ YES ______ NO

4. A. Have you ever passed out during or after exercise? ______ YES ______ NO
   B. Have you ever been dizzy during or after exercise? ______ YES ______ NO
   C. Have you ever had chest pain during or after exercise? ______ YES ______ NO
   D. Do you tire more quickly than your friends during exercise? ______ YES ______ NO
   E. Have you ever had high blood pressure? ______ YES ______ NO
   F. Have you ever been told you have a heart murmur? ______ YES ______ NO
   G. Have you ever had racing of your heart or skipped beats? ______ YES ______ NO
   H. Has anyone in your family died of heart problems or a sudden death before age 50? ______ YES ______ NO

11. Were you born without a kidney, testicle, or any other organ? ______ YES ______ NO

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

   ______ Head
   ______ Shoulder
   ______ Thigh
   ______ Mononucleosis
   ______ Headaches (frequent)

13. Have you ever had any other medical problems such as:
   ______ Diabetes
   ______ Asthma
   ______ Hepatitis
   ______ 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? ____________________________
   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 _________________

Ears, Nose, Throat  Normal  Abnormal

Cardiopulmonary
   Pupils
   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: (_____)___________