

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 school administration prior to the first practice.

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? □	Name:		Sex:	M / F	Da	te of Birth:			Age:	
Have you ever had a head injury? Have you ever had a head or muxcle cramps? Have you ever had a head or muxcle cramps? Have you ever had h	Address:]	Phone:			
Fill in details of "YES" answers in space below: YES NO YES NO 1. Have you ever been hospitalized?	School:	Sport	Sports:		Graduation Year:					
1. Have you ever bad nospitalized? 1. Have you ever bad surgery? 2. Are you presently taking any medication or pills? 3. Do you have any allergies (medicine, bees, other insects)? 4. Have you ever had a seizure? 4. Have you ever bad a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had chest pain during or after exercise? Have you ever had heat or muscle cramps? Have you ever had chest pain during or after exercise? Bo you have trouble breathing or dy ou cough during or after exercise? Bo you user peen told you have a heart murmur? Have you ever had racing of your heart or skipped heartbeats? Have you ever had racing of your heart or skipped heartbeats? 10. Have you ever had a medical problems (itching, rash, acne)? 11. Have you ever had a medical problem or injury since your last evaluation? Yes No 13. Have you ever had a medical problem or injury since your last evaluation? Yes No 14. Were you born without a kidney, testicle, or any other organ? Yes No 14. Were you born without a kidney, testicle, or any other organ? Yes No 15. When was your first menstrual period? When was your first menstrual period? What was the longest time between your periods last year?	ME	DIC	CAL	HIS	ГОІ	RY				
Have you ever had surgery?	Fill in details of "YES" answers in space below:	YES	NO						YES	NO
2. Are you presently taking any medication or pills?	1. Have you ever been hospitalized?			6. Hav	ve you e	ver had a head i	njury?			
1. Holy by broken any allergies (medicine, bees, other insects)?	Have you ever had surgery?			Hav	ve you e	ver been knocke	ed out or uncons	cious?		
3. Boy you have any skin problems (itching, rash, acne)? Image: iter any offer a	2. Are you presently taking any medication or pills?				•	-		ussion?		
Have you ever been dizzy during or after exercise? Image: construct of the exercise? Image: construct of the exercise? Have you ever had chest pain during or after exercise? Image: construct of the exercise? Image: construct of the exercise? Have you ever had high blood pressure? Image: construct of the exercise? Image: construct of the exercise? Have you ever had high blood pressure? Image: construct of the exercise? Image: construct of the exercise? Have you ever had high blood pressure? Image: construct of the exercise? Image: construct of the exercise? Have you ever had high blood pressure? Image: construct of the exercise? Image: construct of the exercise? Have you ever had high blood pressure? Image: construct of the exercise? Image: construct of the exercise? Have you ever had racing of your heart or skipped heartbeats? Image: construct of the exercise? Image: construct of the exercise? Have you ever had racing of your heart or skipped heartbeats? Image: construct of the exercise? Image: construct of the exercise? Have you ever had racing of your heart or skipped heartbeats? Image: construct of the exercise? Image: construct of the exercise? Have you ever had racing of your heart or skipped heartbeats? Image: construct of the exercise? Image: construct of the exercise? 5.	3. Do you have any allergies (medicine, bees, other insects)?			Hav	ve you e	ver had a seizur	e?			
Have you ever had chest pain during or after exercise? Have you ever been dizzy or passed out in the heat? 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? Have you ever been dizzy or passed out in the heat? Have you ever had high blood pressure? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc)? Have you ever had racing of your heart or skipped heartbeats? IO. Have you ever had problems with your eyes or vision? Have you ever had racing of your heart or skipped heartbeats? IO. Have you ever had problems with your eyes or vision? Have you ever had racing of your heart or skipped heartbeats? IO. Have you ever had problems with your eyes or vision? Have you ever had racing of your heart or skipped heartbeats? IO. Have you ever had problems with your eyes or vision? Have you ever had a medical problems or a sudden Do you was glasses, contacts or protective eyewear? II. Have you ever had a medical problem or injury since your last evaluation? Yes No No Head Back Shoulder Forearm Head Back Shoulder Forearm <	4. Have you ever passed out during or after exercise?			Hav	ve you e	ver had a stinge	r, burned or pinc	hed nerve?		
 Bare you even had onest pain during of and exercise? Bo you have trouble breathing or do you cough during or after exercise?? Bo you have trouble breathing or do you cough during or after exercise?? Bo you have trouble breathing or do you cough during or after exercise?? Bo you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc)? Ba anyone in your family died of heart problems or a sudden any other medical problems (itching, rash, acne)? Have you ever had a medical problem or injury since your last evaluation? Yes No Have you ever had a medical problem or injury since your last evaluation? Yes No Head Back Shoulder Forearm Hand Hip Knee Ankle Neck Chest Elbow Wrist Finger Thigh Shin Foot When was your first menstrual period? When was your last menstrual period? What was the longest time between your periods last year? 	Have you ever been dizzy during or after exercise?				•		•			
b0 you the mole quicky than your mends during exercise? image: after exercise?? image: after exercise?? Have you ever had high blood pressure? image: after exercise?? image: after exercise?? Have you been told you have a heart murmur? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Have you ever had racing of your heart or skipped heartbeats? image: after exercise?? image: after exercise?? Image: after exercise? image: after exercise? image: after exercise?? image: after exercise?? Image: after exercise? image: after exercise? image: after exercise? image: after exercise? <td>Have you ever had chest pain during or after exercise?</td> <td></td> <td></td> <td></td> <td>•</td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td>	Have you ever had chest pain 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 ever had racing of your heart or skipped heartbeats? 10. Have you ever had problems with your eyes or vision? Has anyone in your family died of heart problems or a sudden death before age 50? 10. Have you ever had problems with your eyes or vision? 5. Do you have any skin problems (itching, rash, acne)? 11. Have you dad any other medical problems (infectious mononucleosis, diabetes, ect.)? 12. Have you ever 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 bones or joints? Ankle Neck Chest Elbow Wrist Finger 14. Were you born without a kidney, testicle, or any other organ? Yes No 15. When was your first menstrual period?	Do you tire more quickly than your friends during exercise?				-		ing or do you co	ugh during or	_	_
Have you been told you have a heart murmur? Image: mouth guard or eye guards, etc)? Image: mouth guard or eye guards, etc)? Have you ever had racing of your heart or skipped heartbeats? Image: mouth guard or eye guards, etc)? Image: mouth guard or eye guards, etc)? Has anyone in your family died of heart problems or a sudden death before age 50? Image: mouth guard or eye guards, etc)? Image: mouth guard or eye guards, etc)? 5. Do you have any skin problems (itching, rash, acne)? Image: mouth guard or eye guards, etc)? Image: mouth guard or eye guards, etc)? 12. Have you ever 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 bones or joints? Image: mouth guard or eye guards, etc)? 14. Were you born without a kidney, testicle, or any other organ? Yes No 15. When was your first menstrual period? Image: meastrual period? Image: meastrual period? When was your last menstrual period? Image: meastrual period? Image: meastrual period? What was the longest time between your periods last year? Image: meastrual period? Image: meastrual period?	Have you ever had high blood pressure?						ont (nada braco	nock rolle		
Have you ever had racing of your heart or skipped heartbeats? Image: time between your family died of heart problems or a sudden in your getween had problems with your eyes or vision? Has anyone in your family died of heart problems or a sudden in your getween age 50? Image: time between your getween your last evaluation? 5. Do you have any skin problems (itching, rash, acne)? Image: time between your last evaluation? Image: time between your last evaluation? 12. Have you ever had a medical problem or injury since your last evaluation? Image: time yes or your last evaluation? Image: time yes or your last evaluation? 13. Have you ever sprained / strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints? Image: time yes or your last evaluation? Image: time yes or your last evaluation? 14. Were you born without a kidney, testicle, or any other organ? Image: time yes or your last menstrual period? Image: time yes or your last menstrual period? 14. Were you born without a kidney, testicle, or any other organ? Image: time yes or your last menstrual period? Image: time yes or your last menstrual period? 15. When was your first menstrual period? Image: time yes or your periods last year? Image: time yes or your periods last year? Image: time yes or your periods last year?	Have you been told you have a heart murmur?				•			5, HECK TUIIS,		П
Has anyone in your family died of heart problems or a sudden Do you wear glasses, contacts or protective eyewear? death before age 50? 11. Have you dad any other medical problems (infectious 5. Do you have any skin problems (itching, rash, acne)? Intervention 12. Have you ever had a medical problem or injury since your last evaluation? Yes No No 13. Have you ever sprained / strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any 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 No 15. When was your first menstrual period?	Have you ever had racing of your heart or skipped heartbea	nts? □			-			or vision?		
death before age 50? 11. Have you dad any other medical problems (infectious 5. Do you have any skin problems (itching, rash, acne)? Image: mononucleosis, diabetes, ect.)? Image: mononucleosis, diabetes, ect.)? 12. Have you ever 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 bones or joints? Image: mononucleosis, diabetes, ect.)? Image: mononucleosis, diabetes, ect.)? 14. Were you born without a kidney, testicle, or any other organ? Yes No 15. When was your first menstrual period? Image: mononucleosis without a kidney without a kidney? Image: mononucleosis without a kidney without a kidney? 15. When was your last menstrual period? Image: mononucleosis without a kidney? Image: mononucleosis without a kidney? 15. When was your last menstrual period? Image: mononucleosis without a kidney? Image: mononucleosis without a kidney? 15. When was your last menstrual period? Image: mononucleosis without a kidney? Image: mononucleosis without a kidney? 15. When was your last menstrual period? Image: mononucleosis without a kidney? Image: mononucleosis without a kidney?	Has anyone in your family died of heart problems or a sudd	en 🗆			-	-	• •			
 5. Do you have any skin problems (itching, rash, acne)? 12. Have you ever had a medical problem or injury since your last evaluation? 13. Have you ever sprained / strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints? 14. Head 15. When was your first menstrual period? 15. When was your last menstrual period? 16. What was the longest time between your periods last year? 	death before age 50?				-	-		•		_
 13. Have you ever sprained / strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints? Head Back Shoulder Forearm Hand Hip 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? 	5. Do you have any skin problems (itching, rash, acne)?				•	•				
 13. Have you ever sprained / strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints? Head Back Shoulder Forearm Hand Hip 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? 	12. Have you ever had a medical problem or injury since	e your las	st evalua	ation?	□ Yes	🗆 No				
 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? 		•			d swellir	ng or other inju	iries of any bor	nes or joints?	,	
 14. Were you born without a kidney, testicle, or any other organ? Yes No 15. When was your first menstrual period?						• •	•			
15. When was your first menstrual period? When was your last menstrual period? What was the longest time between your periods last year?	🗆 Neck 🛛 Chest 🗆 Elbow	ωw	/rist	🗆 Fin	ger	⊡ Thigh	Shin	🗆 Foot	2	
When was your last menstrual period? What was the longest time between your periods last year?	14. Were you born without a kidney, testicle, or any other	r organ?)	Yes 🗆	No					
When was your last menstrual period? What was the longest time between your periods last year?	15. When was your first menstrual period?	-								
	When was your last menstrual period?									
Explain "YES" answers:	What was the longest time between your periods las	t 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 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. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the

waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE

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.

DATE:

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	Pupils: Equal	Unequal				
	Normal	Ab	normal 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:

 \square

	A.	Cleared for all	sports and	other school	-sponsored	activities.
--	----	-----------------	------------	--------------	------------	-------------

B. (Cleared after	completing	evaluation /	^{rehabilitation}	for:
-------------	---------------	------------	--------------	---------------------------	------

 \square C. <u>NOT</u> cleared to participate in the following IHSAA sponsored sports / activities: □ baseball □ basketball \Box cheer/dance \Box cross country \Box football \Box golf \Box soccer \Box softball \Box swimming \Box tennis \Box track □ volleyball \Box wrestling **D.** Student is <u>NOT</u> 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)