

Boise Schools Required 7-8 Grade Physical Examination

It is required that all students complete a History and Physical examination prior to his/her participation in physical education and athletic programs. The exam is at the expense of the student and is to be completed **AFTER MAY 1** of the 6th grade year. This examination is to be done by a licensed physician, physician's assistant, nurse practitioner, or chiropractor. **Please include a copy of updated immunizations with this form from your MD office.**

Name _____ Home Address _____

Phone _____ Grade _____ Sports _____

Personal Physician _____ Physician's phone number _____

Date of Birth _____ Sex _____ School _____

CONSENT FORM

(Parent or Guardian Permission and Approval)

I hereby consent to the above named student participating in the physical education and/or 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 health care operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

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 been diagnosed with a concussion?,	_____	_____
4. A. Have you ever passed out during or after exercise?	_____	_____	7. Have you ever had a seizure?	_____	_____
B. Have you ever been dizzy during or after exercise?	_____	_____	8. Have you ever had a stinger, burner, or pinched nerve?	_____	_____
C. Have you ever had chest pain during or after exercise?	_____	_____	9. 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?	_____	_____	10. Do you have trouble breathing or cough during or after exercise?	_____	_____
F. Have you ever been told you have a heart murmur?	_____	_____	11. Do you use special equipment, pads braces, mouth or eyeguards?	_____	_____
G. Have you ever had racing of your heart or skipped beats?	_____	_____	12. 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. 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? _____

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: _____

PHYSICAL EXAMINATION FORM

(Must be completed by a licensed physician, physician's assistant, nurse practitioner, or chiropractor)

Student Name _____ BP _____ / _____

Height _____ Wt _____ T _____ Pulse _____ Resp _____
Visual acuity R 20 / _____ L 20 / _____ Corrected Y N Pupils _____

Immunizations: **Please include a copy of the student's updated immunizations with this form.**

CURRENT HEALTH PROBLEMS _____

CURRENT MEDICATIONS _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
Scoliosis	Positive _____ *Under Care of Physician	Negative _____ _____

CLEARANCE / RECOMMENDATIONS

Clearance:

- _____ A. Cleared for all sports and other school-sponsored activities.
- _____ B. Cleared after completing evaluation / rehabilitation for:

- _____ C. Student is NOT permitted to participate in physical education or athletics.
Reason: _____

- Recommendation: _____

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

Address: _____ Phone: (_____) _____