

**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 9<sup>th</sup> and 11<sup>th</sup> 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 8<sup>th</sup> and 10<sup>th</sup> 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 10<sup>th</sup> and 12<sup>th</sup> grade years and must be submitted to the principal prior to the first practice.

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?<br>(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<br>or pills?   | _____ | _____ | B. Have you ever been knocked out or<br>unconscious?                   | _____ | _____ |
| 3. Do you have any allergies<br>(medicine, bees, other stinging insects)?   | _____ | _____ | C. Have you ever been diagnosed with<br>a concussion?                  | _____ | _____ |
| 4. A. Have you ever passed out during or<br>after exercise?   | _____ | _____ | C. Have you ever had a seizure?  | _____ | _____ |
| B. Have you ever been dizzy during or<br>after exercise?  | _____ | _____ | D. Have you ever had a stinger, burner,<br>or pinched nerve?           | _____ | _____ |
| C. Have you ever had chest pain during or<br>after exercise?  | _____ | _____ | 7. A. Have you ever had heat cramps?                                   | _____ | _____ |
| D. Do you tire more quickly than your<br>friends during exercise?   | _____ | _____ | B. Have you ever been dizzy or passed<br>out in the heat?              | _____ | _____ |
| E. Have you ever had high blood pressure?   | _____ | _____ | 8. Do you have trouble breathing or<br>cough during or after exercise? | _____ | _____ |
| F. Have you ever been told you have a<br>heart murmur?  | _____ | _____ | 9. Do you use special equipment, pads,<br>braces, mouth or eyeguards?  | _____ | _____ |
| G. Have you ever had racing of your heart<br>or skipped beats?  | _____ | _____ | 10. A. Have you had problems with your<br>eyes or vision?              | _____ | _____ |
| H. Has anyone in your family died of heart<br>problems or a sudden death before age 50?   | _____ | _____ | B. Do you wear glasses, contacts, or<br>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?<br>_____ Head                      _____ Neck                      _____ Chest                      _____ Back                      _____ Hip<br>_____ Shoulder                      _____ Elbow                      _____ Forearm                      _____ Wrist                      _____ Hand<br>_____ Thigh                      _____ Knee                      _____ Shin/Calf                      _____ Ankle                      _____ Foot |       |       |  |       |       |
| 13. Have you ever had any other medical problems such as:<br>_____ Mononucleosis                      _____ Diabetes                      _____ Asthma                      _____ Hepatitis<br>_____ 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? _____<br>When was your last measles immunization? _____  |       |       |  |       |       |
| 16. When was your first menstrual period? _____ When was your last menstrual period? _____<br>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: (\_\_\_\_\_) \_\_\_\_\_