

**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 \_\_\_\_\_ Physician's phone number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

**HISTORY FORM**

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

- |  | YES   | NO    |   | NO    | YES   |
|--|-------|-------|---|-------|-------|
| 1. A. Have you ever been hospitalized?   | _____ | _____ |   |       |       |
| B. Have you ever had surgery?  | _____ | _____ | 5. Do you have any skin problems?<br>(itching, rash, acne)          | _____ | _____ |
| 2. Are you presently taking any medication or pills?                                 | _____ | _____ | 6. A. Have you ever had a head injury?                              | _____ | _____ |
| 3. Do you have any allergies (medicine, bees, other stinging insects)?               | _____ | _____ | B. Have you ever been knocked out or unconscious?                   | _____ | _____ |
| 4. A. Have you ever passed out during or after exercise?                             | _____ | _____ | C. Have you ever had a seizure?                                     | _____ | _____ |
| B. Have you ever been dizzy during or after exercise?                                | _____ | _____ | D. 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. 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? \_\_\_\_\_

When was your last measles immunization? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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. In the absence of parents, 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: \_\_\_\_\_

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 _____	L _____	
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	Cross Country	Golf	Softball	Track
Basketball	Wrestling	Soccer	Tennis	
Volleyball	Football			

*Not* cleared for other school-sponsored activities:  
    (Example)      1. Swimming      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: (\_\_\_\_\_) \_\_\_\_\_