

**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?                             | ___ | ___ | D. Have you ever had a seizure?  | ___ | ___ |
| B. Have you ever been dizzy during or<br>after exercise?                                | ___ | ___ | E. 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?  
 \_\_\_ Head      \_\_\_ Neck      \_\_\_ Chest      \_\_\_ Back      \_\_\_ Hip  
 \_\_\_ Shoulder      \_\_\_ Elbow      \_\_\_ Forearm      \_\_\_ Wrist      \_\_\_ Hand  
 \_\_\_ Thigh      \_\_\_ Knee      \_\_\_ Shin/Calf      \_\_\_ Ankle      \_\_\_ Foot

13. Have you ever had any other medical problems such as:  
 \_\_\_ Mononucleosis      \_\_\_ Diabetes      \_\_\_ Asthma      \_\_\_ Hepatitis  
 \_\_\_ 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? \_\_\_\_\_

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

16. 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. 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: (\_\_\_\_\_) \_\_\_\_\_