



HIGH SCHOOL ACTIVITIES ASSOCIATION
IDAHO HEALTH EXAMINATION AND CONSENT FORM

All students are required complete a History and Physical examination prior to their 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 _____

HEALTH HISTORY

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

Table with columns for YES, NO and rows for various health questions such as 'Have you ever been hospitalized?', 'Do you have any allergies', 'Do you have any skin problems?', etc.

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 _____ / _____ 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 Cross Country Golf Tennis Volleyball
Basketball Football Softball Track Wrestling

Not cleared for other school-sponsored activities:

(Example) 1 Soccer 2 Swimming 3 _____ 4 _____

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: _____