

**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 15 of the 8th and 10th grade years. This examination is to be done by a licensed physician 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Grade \_\_\_\_\_ Sports \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Physician's phone number \_\_\_\_\_

**HISTORY FORM**

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

- |   | YES  | NO   |   | YES  | NO   |
|---|------|------|---|------|------|
| 1. Have you ever been hospitalized?<br>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. Have you ever had a head injury?<br>Have you ever been knocked out or unconscious?                       | ____ | ____ |
| 3. Do you have any allergies<br>(medicine, bees, other stinging insects)?   | ____ | ____ | Have you ever had a seizure?  | ____ | ____ |
| 4. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you tire more quickly than your friends during exercise?<br>Have you ever had high blood pressure?<br>Have you ever been told you have a heart murmur?<br>Have you ever had racing of your heart or skipped beats?<br>Has anyone in your family died of heart problems or a sudden death before age 50? | ____ | ____ | 7. Have you ever had heat cramps?<br>Have you ever been dizzy or passed out in the heat?                    | ____ | ____ |
|   | ____ | ____ | 8. Do you have trouble breathing or cough during or after exercise?   | ____ | ____ |
|   | ____ | ____ | 9. Do you use special equipment, pads, braces, mouth or eyeguards?  | ____ | ____ |
|   | ____ | ____ | 10. Have you had problems with your eyes or vision?<br>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?<br>____ Head      ____ Neck      ____ Chest      ____ Back      ____ Hip<br>____ Shoulder      ____ Elbow      ____ Forearm      ____ Wrist      ____ Hand<br>____ Thigh      ____ Knee      ____ Shin/Calf      ____ Ankle      ____ Foot  |      |      |   |      |      |
| 12. Have you ever had any other medical problems such as:<br>____ Mononucleosis      ____ Diabetes      ____ Asthma      ____ Hepatitis      ____ Headaches (frequent)<br>____ 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? _____<br>When was your last measles immunization? _____  |      |      |   |      |      |
| 15. 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.

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**

COMPLETE   LIMITED 	Height _____	Weight _____	BP _____ / _____	Pulse _____
	Visual acuity R _____ / 20	L _____ / 20	Corrected Y N	Pupils _____
		Normal	Abnormal	
	Cardiopulmonary			
	Pulses	_____	_____	
	Heart	_____	_____	
	Lungs	_____	_____	
	Skin	_____	_____	
	Abdominal	_____	_____	
	Genitalia	_____	_____	
	Musculoskeletal	_____	_____	
	Neck	_____	_____	
	Shoulder	_____	_____	
	Elbow	_____	_____	
	Wrist	_____	_____	
	Hand	_____	_____	
	Back	_____	_____	
	Knee	_____	_____	
	Ankle	_____	_____	
	Foot	_____	_____	

**CLEARANCE / RECOMMENDATIONS**

Clearance:

- A. Cleared
- B. Cleared after completing evaluation / rehabilitation for:

- C. *NOT* cleared for:
- \_\_\_\_\_ Collision
  - \_\_\_\_\_ Contact
  - \_\_\_\_\_ Non-contact
  - \_\_\_\_\_ Strenuous
  - \_\_\_\_\_ Moderately strenuous
  - \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Student may participate in all sports except the following:

1. _____	3. _____	IHSAA Sponsored sports:	Baseball	Cross Country	Golf	Tennis	Volleyball
2. _____	4. _____	Basketball	Football	Softball	Track	Wrestling	
		Other school sponsored activities:	1. _____	2. _____	3. _____	4. _____	

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(This physical form must be signed by a licensed physician)

Student is not permitted to participate in high school athletics. Reason: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Licensed Physician

Examined by:

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Licensed Physician)

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_