

GRADUATION DATE _____

IDAHO MIDDLE SCHOOL ACTIVITIES ASSOCIATION
IDAHO HEALTH EXAMINATION AND CONSENT FORM

ATHLETIC DEPARTMENT

It is required that all students complete a History and Physical examination prior to his/her first practice in the interscholastic (6-8) athletic program in the State of Idaho. The exam is at the expense of the student. 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 6th through 8th grade years and must be submitted to the head coach and/or office.

Name _____ Home Address _____ Phone _____

Grade _____ Sports Activity _____

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? (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 or pills?	___	___	B. Have you ever been knocked out or unconscious?	___	___
3. Do you have any allergies to... (medicine, bees, other stinging insects)	___	___	C. Have you ever had a seizure?	___	___
4. A. Have you ever passed out during or after exercise?	___	___	D. Have you ever had a stinger, burner, or pinched nerve?	___	___
B. Have you ever been dizzy during or after exercise?	___	___	7. A. Have you ever had heat cramps?	___	___
C. Have you ever had chest pain during or after exercise?	___	___	B. Have you ever been dizzy or passed out in the heat?	___	___
D. Do you tire more quickly than your friends during exercise?	___	___	8. Do you have trouble breathing or cough during or after exercise?	___	___
E. Have you ever had high blood pressure?	___	___	9. Do you use special equipment, pads, braces, mouth or eye guards?	___	___
F. Have you ever been told you have a heart murmur?	___	___	10. A. Have you had problems with your eyes or vision?	___	___
G. Have you ever had racing of your heart or skipped beats?	___	___	B. Do you wear glasses, contacts, or protective eyewear?	___	___
H. Has anyone in your family died of heart problems or a sudden death before age 50?	___	___			
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.

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.

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 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 school athletics. Reason: _____

Recommendation: _____

PLEASE PRINT DOCTOR'S NAME _____

Examiner's Signature: _____ Date: _____
(This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: _____