

Parent Complete This Side

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:

Table with 4 columns: Question, YES, NO, YES, NO. Contains 10 numbered questions about medical history, allergies, injuries, and physical symptoms.

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?

Grid for injury locations: 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:

Grid for medical conditions: 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	
- _____ 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: (_____) _____