

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
	Normal	Abnormal findings	
Medical			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

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 /activities:

baseball	basketball	cheer/dance	cross country	football	golf	
soccer	softball	swimming	tennis	track	volleyball	wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)