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 Hor Grade Sports	nc Addres	s	F	Phone	
Personal PhysicianSex_			Physician's Phone Number		
Date of Birth Sex_					
		History Form			
ill in details of "YES" answers in space below:					
	YES	NO		YES	NO
. A. Have you ever been hospitalized?		5.	Do you have any skin problems	?	
B. Have you ever had surgery?			(itching, rash, acne)		
2. Are you presently taking any medication		6.	A. Have you ever had a head in		
or pills?			B. Have you ever been knocked	d out or	
. Do you have any allergies			unconscious?	—	
(medicine, bees, other stinging insects)?			C. Have you ever been diagnos	sed with	
. A. Have you ever passed out during or			a concussion?	_	
after exercise?			D. Have you ever had a seizure		
B. Have you ever been dizzy during or			E. Have you ever had a stinger	, burner,	
after exercise?			or pinched nerve?		
C. Have you ever had chest pain during or		7.	A. Have you ever had heat crar		
after exercise?			B. Have you ever been dizzy or	passed	
D. Do you tire more quickly than your		•	out in the heat?		
friends during exercise?		8.	Do you have trouble breathing of	or	
E. Have you ever had high blood pressure?			cough during or after exercise?		
F. Have you ever been told you have a		9.	Do you use special equipment,	paus,	
heart murmur?			braces, mouth or eyeguards?		
G. Have you ever had racing of your heart or skipped beats?		10.	A. Have you had problems with eyes or vision?	your	
H. Has anyone in your family died of heart			B. Do you wear glasses, contact	ote or	
problems or a sudden death before age 50?				as, or	
problems of a sudden death before age 50?			protective eyewear?		
Head Neck			\M/riet	Hand	4
Shoulder Elbow Thigh Knee	Dia	Forearm Shin/Calf abetes e Injuries	Wrist Ankle Asthma Other	Hand Foot Hepa	
Shoulder Elbow Thigh Knee 3. Have you ever had any other medical problems Mononucleosis Headaches (frequent)	Dia	Shin/Calf abetes e Injuries	Ankle Asthma	Foot	
Shoulder Elbow Thigh Knee 3. Have you ever had any other medical problems Mononucleosis Headaches (frequent) 4. Have you had a medical problem or injury since	Dia	Shin/Calf abetes e Injuries	Ankle Asthma	Foot	
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DATE:____

SIGNATURE OF STUDENT

PHYSICAL EXAMINATION FORM

Height	Weight	BP/		Puls	e
Visual Acuity	y R 20 /	L 20 /	Corrected:	Y N F	Pupils
		Normal	Abnormal		
Ears,	Nose, Throat				
Cardio	opulmonary				
	Pulses				
	Heart		-		
	Lungs				
Skin					
Abdor	minal				
Genita	alia				
Musc	uloskeletal				
	Neck				
	Shoulder				
	Elbow				
	Wrist			<u></u>	
	Hand				
	Back Knee				
	Ankle		-		
	Foot		-		
	1 001				
Clearance:		CLEARANG	CE / RECOMMEND	DATIONS	
Clearance.					
A.	Cleared for all spo	orts and other so	chool-sponsore	d activities.	
B.	Cleared after com	pleting evaluation	on / rehabilitatio	on for:	
C.	NOT cleared to pa	articinate in the	following IHSA/	A sponsored sp	oorts:
0.	Baseball		estling	Golf	Softball
	Track		ss Country	Basketball	Football
	Soccer	Ten		Volleyball	
	NOT algored for a	thar ashaal ana	naarad aativitia	0.	
	NOT cleared for of (Example: Swimming)				3
5	Ctudent is NOT no	armaittad ta marti	sinata in high a	abaal atblatica	
D.	Student is NOT pe	•			
	Reason:				
	·				
			-		
F	Recommendation:				
Examiner's S	ignature:			Date	e:
(This Physic	cal form must be signed	by a licensed phys	ician, physician as	sistant or nurse pi	ractitioner)
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Address:				Pho	ne: ()