



**Mountain View High School  
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:

- |  | 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 (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 eyeguards?  | ___ | ___ |
| 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. I also consent to the release of any information contained in this form to carry out treatment and health care 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**

**This Physical form must be completed and signed by a licensed physician, PA, NP**

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	Cross Country	Golf	Softball	Track
Wrestling				
Basketball	Football	Soccer	Tennis	
Volleyball				

*Not* cleared for other school-sponsored activities:  
    (Example) 1. Swimming                      2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_ D. Student is *NOT* permitted to participate in high school athletics. Reason: \_\_\_\_\_  
    \_\_\_\_\_  
    \_\_\_\_\_

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

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_

(This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

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