



# PARMA PANTHERS

## IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION HEALTH EXAMINATION

It is required that all students complete a History and Physical examination prior to his/her first 9<sup>th</sup> and 11<sup>th</sup> 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<sup>st</sup> of the 8<sup>th</sup> and 10<sup>th</sup> grade years.** This examination is to be done by a **licensed physician, physicians assistant or nurse practitioner under optimal conditions.** Interim history forms are **required** during the 10<sup>th</sup> and 12<sup>th</sup> years and must be submitted to the principal **prior to the first practice.**

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ Sports \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Physicians Phone Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

### History Form

\*Fill in the details of yes answers in space below:

	YES	NO		YES	NO
Have you ever been hospitalized?	___	___	Do you have any skin problems?	___	___
Have you ever had surgery?	___	___	Have you ever had a head injury?	___	___
Are you presently taking any medication or pills?	___	___	Have you ever been knocked out or unconscious?	___	___
Do you have any allergies (medicine, bees, other stinging insects)?	___	___	Have you ever had a seizure?	___	___
Have you ever passed out during or after exercise?	___	___	Have you ever had a stinger, burner, pinched nerve?	___	___
Have you ever been dizzy during or after exercise?	___	___	Have you ever had heat cramps?	___	___
Have you ever had chest pain during or after exercise?	___	___	Have you ever been dizzy or passed out in the heat?	___	___
Do you tire more quickly than your friends during exercise?	___	___	Do you have trouble breathing or coughing during or after exercise?	___	___
Have you ever had high blood pressure?	___	___	Do you use special equipment, pads, braces, mouth or eyeguards?	___	___
Have you ever been told you have a heart murmur?	___	___	Have you had problems with your eyes or vision?	___	___
Have you ever had racing of your heart or skipped beats?	___	___	Do you wear glasses, contacts, or protective eyewear?	___	___
	___	___	Has anyone in your family died of heart problems or sudden death before age 50?	___	___

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    \_\_\_Thigh    \_\_\_Knee    \_\_\_Shin/Calf  
 \_\_\_Ankle    \_\_\_Foot

Have you ever had any other medical problems such as:    \_\_\_Mononucleosis    \_\_\_Diabetes    \_\_\_Asthma    \_\_\_Hepatitis  
 \_\_\_Headaches(frequent)    \_\_\_Tuberculosis    \_\_\_Eye Injuries    \_\_\_Other    \_\_\_Stomach Ulcer

Have you had a medical problem or injury since your last exam? \_\_\_\_\_  
 When was your last tetanus shot? \_\_\_\_\_ When was your last measles immunization? \_\_\_\_\_  
 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_  
Visual Acuity R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y N Pulse \_\_\_\_\_ R \_\_\_\_\_  
Pupils \_\_\_\_\_

	Normal	Abnormal
Nose, throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal		
Neck	_____	_____
Shoulder	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

**CLEARANCE / RECOMMENDATIONS**

\_\_\_\_\_ Cleared for all sports and other school-sponsored activities.  
\_\_\_\_\_ Cleared after complete evaluation / rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Not cleared to participate in the following IHSAA sponsored sports:  
Basketball      Cross Country      Golf      Tennis      Volleyball      Baseball  
Football      Softball      Track      Wrestling  
Not cleared for other school-sponsored activities:      Swimming      Other \_\_\_\_\_

\_\_\_\_\_ Student is not permitted to participate in high school athletics.  
Reason: \_\_\_\_\_  
Recommendation: \_\_\_\_\_

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

**CONSENT FORM**

(Parent or Guardian and Student Permission 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/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 PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_