

<u>PARMA PANTHERS</u> IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION HEALTH EXAMINATION

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 1sT of the 8th and 10th 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 10th and 12th years and must be submitted to the principal prior to the first practice.

Name	Ho	me Add	ress			P	hone
Grade Sports							
Personal Physician				Physician	s Phone Number_		
Date of Birth	Sex	5	ichool				· · · · · · · · · · · · · · · · · · ·
		ł	listory Form				
*Fill in the details of yes answers in space be	elow:						
	YES	NO				YES	NO
Have you ever been hospitalized?			Do you ha	ve any skin prob	olems?		
Have you ever had surgery?			Have you	ever had a head	l injury?		
Are you presently taking any medication			Have you	ever been knocl	ked out or uncons	cious?	
or pills?			Have you	ever had a seizi	ure?		
Do you have any allergies			Have you	ever had a sting	ger, burner,		
(medicine, bees, other stinging insects)			pinched no	erve?			
Have you ever passed out during or			Have you	ever had heat c	ramps?		
after exercise?			Have you	ever been dizzy	or passed out		
Have you ever been dizzy during or			in the hea	t?			
or after exercise?			Do you ha	ve trouble brea	thing or coughing		
Have you ever had chest pain during or			during or	after exercise?			
after exercise?			Do you us	e special equipm	nent, pads, braces	5,	
Do you tire more quickly than your friends			mouth or	eyeguards?			
during exercise?					ith your eyes or w		
Have you ever had high blood pressure?			Do you we	ar glasses, cont	tacts, or protecti	ve	
Have you ever been told you have a heart			eyewear?				
murmur?			Has anyon	e in your family	v died of heart		
Have you ever had racing of your heart or skipped beats?			problems	or sudden deat	h before age 50?		
Have you ever sprained/strained, dislocated	fractured/	'broken	or had repea	ted swelling or	other injuries of	anv of vour	bones or joints?
HeadNeckC		B	•	Hip	Shoulder	• •	Elbow
	and	T	hiah	Thigh	Knee		5hin/Calf
Ankle Foot							
Have you ever had any other medical problem	ns such as:	M	ononucleosis	D	iabetes	_Asthma	Hepatitis
Headaches)frequent)Tuberculosi			ye Injuries	0	ther	_Stomach L	llcer
						_	
Have you had a medical problem or injury sin	ce your last	exam?_					
When was your last tetanus shot?			When was your last measles immunization?				
			When was your last menstrual period?				
What was the longest time between periods	last year?_						
Explain "YES" answers here:							

Named Abnormal Cardiopulmanary Plakes Heart		L 20/	BP/ Corrected Y N	Pulse R Pupils	
Cardiopulmonary Plates Lungs Skin Abdominal Genitalia Musculssteletral Musculssteletral Musculssteletral Musculssteletral Musculssteletral Musculssteletral Musculssteletral Musculssteletral Musculssteletral Wrist Hoad Back Ande Foot Cleared for all sports and other school-sponsored activities. Cleared of participate in the following IHSAA sponsored sports: Basketball Crosk Country Softball Track Not cleared for other school-sponsored activities: Student is not permitted to participate in high school athletics. Reason:		Normal	Abnormal		
Pulses	Nose, throat				
Pulses	Cardiopulmonary				
Lungs					
Skin	Heart				
Abdominal	-				
Genitalia			····		
Musculaskeletal			·····		
Neck					
Wrist					
Hand					
Back	Wrist				
Knee	Hand				
Ankle	Back				
Foot					
Cleared for all sports and other school-sponsored activities.					
Cleared for all sports and other school-sponsored activitiesCleared 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	Foot				
Address: Phone: Phone: 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 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.	Not cleared to po	articipate in the fol	lowing IHSAA sponsored spo	rts:	
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SIGNATURE OF PARTICIPANT: DATE: DATE:	Not cleared fStudent is not p Reason: Recommendation: Examiner's Signature: Address: I hereby consent to th This consent includes t physicians designated b PARENT/GUARDIAN S This application to com	e above named stuc ravel to and from a by school authoritie pete in interscholas	ponsored activities: Sw ipate in high school athletics CONSENT (Parent or Guardian and Stuc lent participating in the inter thletic contests and practice is for any illness or injury res stic athletics for the above s	Wrestling mming Other Date: Date: Phone: Phone: FORM ent Permission Approval) scholastic athletic program at his/her school of at sessions. I further consent to treatment deemed bulting from his/her athletic participation. DATE: chool is entirely voluntary on my part and is made w	tendance.