



Health Examination and Consent Form

It is required all students complete a history and physical examination prior to his/her first practice in the interscholastic (6th-8th) 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 for the next school year. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required if a physical was done the previous year and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Age: _____

Address: _____

Phone: _____ Participation Grade: _____

School: _____ Sports: _____

Medical History

- Have you ever been hospitalized?
- Have you ever had surgery?
- Are you presently taking any medication?
- Do you have allergies (medicine, bees, etc.)?
- Have you ever passed out during or after exercise?
- Have you ever had chest pain during or after exercise?
- Have you ever been dizzy during or after exercise?
- Do you tire more quickly than your friends during exercise?
- Have you ever had high blood pressure?
- Have you ever been told you have a heart murmur?
- Have you ever had racing of your heart or skipped heartbeats?
- Has anyone in your family died of heart problems or a sudden death before age 50?
- Were you born without a kidney, testicle, or other organ?
- Do you have any skin problems (itching, rash, etc.)?
- Have you ever had a head injury?
- Have you ever been knocked out or unconscious?
- Have you ever had a seizure?
- Have you ever had a stinger, burned, or pinched nerve?
- Have you ever had heat or muscle cramps?
- Have you ever been dizzy or passed out in the heat?
- Do you have trouble breathing or do you cough during or after exercise?
- Do you use special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?
- Have you ever had problems with your eyes or vision?
- Do you wear glasses, contacts, or protective eyewear?
- Have you had any other medical problems (infectious, mononucleosis, diabetes, etc.)?
- Have you had a medical problem or injury since your last evaluation?



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Circle if you have ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries to any of the following bones or joints:

Head	Shoulder	Hand	Knee	Neck	Elbow
Finger	Shin	Back	Forearm	Hip	Ankle
Chest	Wrist	Thigh	Foot		

When was your last menstrual period? _____

What was the longest time between your periods and last year? _____

Explain any 'Yes' answers:

Consent

(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 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 healthcare operations for the above-named student. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in Middle School activities. I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

Parent or Guardian Signature _____ Date _____

Student Signature _____ Date _____