



RIDGEVUE WARHAWKS

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 _____ 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:** _____