

ATHLETIC PHYSICAL FORM – SKYVIEW HIGH SCHOOL

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 15th of the 8th and 10th grade years. This examination is to be done by a licensed physician under optimal conditions.

Name _____ Date of Birth _____ Sex _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's phone number _____
 Height _____ Weight _____ BP _____ / _____ Pulse _____
 Visual Acuity _____ R _____ /20 L _____ /20 Corrected Y N Pupils _____

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

CLEARANCE / RECOMMENDATIONS

Clearance (circle one):

- A. Cleared
- B. Cleared after completing evaluation / rehabilitation for: _____
- C. Not cleared for: _____ Collision
 - _____ Contact
 - _____ Non-contact
 - _____ Strenuous
 - _____ Moderately strenuous
 - _____ Non-strenuous

Due to: _____

Recommendation: _____

IHSAA Sponsored sports:

Baseball Cross Country Golf Tennis Volleyball
 Basketball Football Softball Track Tennis

Student may participate in all sports except the following:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Other school sponsored activities:
 1. _____ 2. _____ 3. _____ 4. _____

Physician's Signature: _____ **Date:** _____
(licensed physician)

Student is not permitted to participate in high school athletics. Reason: _____

Physician's Signature : _____ **Date:** _____
(licensed physician)

Examined by:
Physician Name: _____ **Date:** _____
(licensed physician)

Address _____ Phone: _____

HISTORY FORM

- Fill in details of "YES" answers in space below:

	YES	NO		YES	NO
1. Have you ever been hospitalized? Have you ever had surgery?	___	___	5. Do you have any skin problems? (Itching, rash, acne)	___	___
2. Are you presently taking any medication or pills?	___	___	6. Have you ever had a head injury? Have you ever been knocked out or unconscious?	___	___
3. Do you have any allergies (medicine, Bees, other stinging insects)?	___	___	Have you ever had a seizure?	___	___
4. Have you ever passed out during or after exercise? Have you ever had chest pain 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 beats? Has anyone in your family died of heart problems or a sudden death before age 50?	___	___	7. Have you ever had heat cramps? Have you ever been dizzy or passed out in the heat?	___	___
	___	___	8. Do you have trouble breathing or cough during or after exercise?	___	___
	___	___	9. Do you use special equipment, pads?	___	___
	___	___	10. Have you had problems with your eyes or vision? Do you wear glasses, contacts or protective eye wear?	___	___
11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of you 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	___ Headache	
___ 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 you first menstrual period?	_____		When was your last menstrual period?	_____	
What was the longest time between periods last year?	_____				
• Explain "YES" answers here:	_____				

CONSENT FORM- SKYVIEW HIGH SCHOOL

(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 from any illness or injury resulting from his/her athletic participation.

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: _____