

**BISHOP KELLY HIGH SCHOOL / IHSAA
HEALTH EXAMINATION AND CONSENT FORM**

Each year, all athletes are required to complete a History and Physical examination prior to his/her first practice in the interscholastic (9-12) athletic program. The exam is at the expense of the student and may not be taken prior to May 1 of the preceding school year. This exam is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. **PLEASE PRINT ALL INFORMATION ON THIS FORM!**

Name _____ Home Address _____
Home Phone _____ City _____ State _____ Zip Code _____
Personal Physician _____ Physician's Phone _____ Grade _____ Date of Birth _____ Sex _____
IHSAA Sanctioned Sports: ☐ Football ☐ Volleyball ☐ Soccer ☐ Cross Country ☐ Basketball ☐ Wrestling
☐ Baseball ☐ Softball ☐ Track ☐ Tennis ☐ Golf

HISTORY FORM (Completed by athlete and/or parent/guardian)

*Fill in details of "YES" answers in the space below:

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1.A. Have you ever been hospitalized? | ☐ | ☐ | 5. Do you have any skin problems?
(itching, rash, acne) | ☐ | ☐ |
| B. Have you ever had surgery? | ☐ | ☐ | 6.A. Have you ever had a head injury? | ☐ | ☐ |
| 2. Are you presently taking any medication or pills? | ☐ | ☐ | B. Have you ever been knocked out or unconscious? | ☐ | ☐ |
| 3. Do you have any allergies?
(medicine, bees, other stinging insects) | ☐ | ☐ | C. Have you ever had a seizure? | ☐ | ☐ |
| 4.A. Have you ever passed out during or after exercise? | ☐ | ☐ | D. Have you ever had a stinger, burner, or
pinched nerve? | ☐ | ☐ |
| B. Have you ever been dizzy during or after exercise? | ☐ | ☐ | 7.A. Have you ever had heats cramps? | ☐ | ☐ |
| C. Have you ever had chest pain during/after exercise? | ☐ | ☐ | B. Have you ever been dizzy or passed out in the heat? | ☐ | ☐ |
| D. Do you tire more quickly than your friends during
exercise? | ☐ | ☐ | 8. Do you have trouble breathing or coughing during/after
exercise? | ☐ | ☐ |
| E. Have you ever had high blood pressure? | ☐ | ☐ | 9. Do you use special equipment, pads, braces, mouth or
eyeguards? | ☐ | ☐ |
| F. Have you ever been told you have a heart murmur? | ☐ | ☐ | 10.A. Have you had problems with your eyes or vision? | ☐ | ☐ |
| G. Have you ever had racing of your heart or
or skipped beats? | ☐ | ☐ | B. Do you wear glasses, contacts or protective eyewear? | ☐ | ☐ |
| H. Has anyone in your family died of heart problems
a sudden death before age 50? | ☐ | ☐ | | | |
| 11. 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 ☐ Knee ☐ Shin/Calf ☐ Ankle ☐ Foot | | | | | |

12. Have you ever had any other medical problems such as:

☐ Mononucleosis	☐ Diabetes	☐ Asthma	☐ Hepatitis	☐ Headaches (frequent)
☐ Tuberculosis	☐ Eye injuries	☐ Stomach ulcer	☐ Other	

13. Have you had a medical problem or injury since your last exam? _____

14. When was your last tetanus shot? _____

15. When was your last measles immunization? _____

16. 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: _____

CONSENT FORM

(Parent/Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at Bishop Kelly High School. 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 Bishop Kelly High 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 Idaho High School Activities Association.

SIGNATURE OF ATHLETE _____ **DATE** _____

Name: _____

PHYSICAL EXAMINATION FORM
(Completed by licensed physician, physician's assistant, or nurse practitioner.)

Height _____ Weight _____ PB ____/____ Pulse _____ Respiration _____
Visual acuity R 20 / _____ L 20 / _____ Corrected Yes No Pupils _____

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

CLEARANCE / RECOMMENDATIONS

Clearance:

- ☐ **Cleared** for all sports and other school-sponsored activities.

- ☐ **Cleared after completing** evaluation / rehabilitation for: _____

- ☐ **NOT cleared** to participate in the following IHSAA sponsored sports:

☐ Football ☐ Cross Country ☐ Soccer ☐ Volleyball ☐ Basketball ☐ Wrestling

☐ Baseball ☐ Softball ☐ Track ☐ Tennis ☐ Golf
- ☐ **NOT cleared** for other school-associated activities:

☐ Swimming ☐ Other _____

☐ Other _____
- ☐ Student is **NOT permitted to participate** in high school athletics. Reason: _____

Recommendation: _____

Examiner's Signature _____ Date _____
(This physical form must be signed by a licensed physician, physician's assistant, or nurse practitioner.)

Address _____ Phone () _____

RETURN COMPLETED FORM TO:

Athletic Trainer
Bishop Kelly High School
7009 Franklin Road
Boise, ID 83709