

# Idaho High School Activities Association Physical Examination Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / ____ L 20 / ____ Corrected: Y N		
	Normal	Abnormal findings
<b>Medical</b>		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Abdomen		
Genitalia (males)		
<b>Musculoskeletal</b>		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

## CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

\_\_\_\_\_

- C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball    basketball    cheer/dance    cross country    football    golf  
soccer    softball    swimming    tennis    track    volleyball    wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

\_\_\_\_\_

- D. Student is NOT permitted to participate in high school athletics.

Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)