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
1.A. Have you ever been hospitalized?	□	□
B. Have you ever had surgery?	□	□
2. Are you presently taking any medication or pills?	□	□
3. Do you have any allergies? (medicine, bees, other stinging insects)	□	□
4.A. Have you ever passed out during or after exercise?	□	□
B. Have you ever been dizzy during or after exercise?	□	□
C. Have you ever had chest pain during/after exercise?	□	□
D. Do you tire more quickly than your friends during exercise?	□	□
E. Have you ever had high blood pressure?	□	□
F. Have you ever been told you have a heart murmur?	□	□
G. Have you ever had racing of your heart or or skipped beats?	□	□
H. Has anyone in your family died of heart problems a sudden death before age 50?	□	□
5. Do you have any skin problems? (itching, rash, acne)	□	□
6.A. Have you ever had a head injury?	□	□
B. Have you ever been knocked out or unconscious?	□	□
C. Have you ever had a seizure?	□	□
D. Have you ever had a stinger, burner, or pinched nerve?	□	□
7.A. Have you ever had heats cramps?	□	□
B. Have you ever been dizzy or passed out in the heat?	□	□
8. Do you have trouble breathing or coughing during/after exercise?	□	□
9. Do you use special equipment, pads, braces, mouth or eyeguards?	□	□
10.A.Have you had problems with your eyes or vision?	□	□
B.Do you wear glasses, contacts or protective eyewear?	□	□

11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swilling 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	□ Hepatisis	□ 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. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high 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/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 (_____)_____

UPLOAD COMPLETED FORMS AT:
BKathletics.org/forms
To participate in BK athletics