

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
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
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)