Pre-Participation Physical Examination & Consent to Treat Form[i]

Part 1: Student or Parent/Guardian Completes

Athlete Information:

Full Legal Name: _____ Date of Birth: _____ Sex: Male / Female Age:_____

Grade:____ School:_____ Sport(s):_____

Parent/Guardian's Name: _____ Phone Number:_____

Physician Name:_____ Date of Examination:_____

Medicines and Allergies: Please list all the prescription and over-the-counter medications and supplements (herbal and nutritional) you are currently taking:

_____

Do you have any allergies? YES ____ NO ____ If yes, please identify specific allergy: ☐ Medicines ☐ Pollens ☐ Foods ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answer to

GENERAL QUESTION:	Yes	No
Do you have any concerns you would like to discuss with your provider?		
Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical issues or a recent illness?		
HEART HEALTH QUESTIONS:	**Yes**	**No**
Have I you ever passed out or nearly passed out during or after exercise?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___ A heart infection ___ A heart murmur ___ Kawasaki disease ___ High cholesterol ___ Other:		
Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
Do you get lightheaded or feel shorter of breath than your peers during exercise?		
Have you ever had a seizure?		
FAMILY HEART HEALTH QUESTIONS:	**Yes**	**No**
Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 year (including drowning or unexplained car accident)?		
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
ORTHOPEDIC QUESTIONS:	**Yes**	**No**
Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
Do you currently have a bone, muscle, ligament, or joint injury that bothers you?		

CURRENT AND PAST MEDICAL HISTORY QUESTIONS:	Yes	No
Do you cough, wheeze, or have difficulty breathing during/after exercise?		
Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
Do you have recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
Have you ever had numbness, tingling, or weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
Have you ever become ill while exercising in the heat?		
Do you or does someone in your family have sickle cell trait or disease?		
Have you ever had, or do you have any problems with your eyes or vision?		
NUTRITION QUESTIONS:	**YES**	**NO**
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain/lose weight?		
Are you on a special diet or do you avoid certain types of food or food groups?		
Have you ever been diagnosed with an eating disorder?		
Have you ever had a menstrual period? (If yes, please answer the following questions.)		
a. How old were you when you had your first menstrual period? _____		
b. When was your most recent menstrual period? _____		
c. How many periods have you had in the last 12 months? _____		

Explain "Yes" responses here:

[i] All students are required to 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 1 of the 8th and 10th grade years. **This form MUST be signed by a licensed physician, Physician Assistant, or Nurse Practitioner following IHSAA rule 13-4. The school/school district has the ultimate authority on the acceptance of this form.**

Idaho School Sports Pre-Participation Examination – Part 2: Medical Physician Completes

PHYSICAL EXAMINATION FORM

Date of Exam: _____

Name: _____ Date of Birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

EXAMINATION		
Height:	Weight:	BMI%:
BP: _____ / _____ (_____ / _____) Pulse: _____	Vision: R 20/_____ L 20/_____	Corrected: ___ Yes ___ No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart * Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
Musculoskeletal		
Neck		
Back		
Shoulders/arms		
Elbows/forearms		
Wrists/Hands/Fingers		
Hips/Thighs		
Knees		
Legs/Ankles		
Feet/Toes		

___ Cleared for all sports without restriction

___ Cleared for all sports without restriction, with recommendations for further evaluation or treatment for:

___ Not Cleared

___ Pending further evaluation

___ For any sports

___ For certain sports: _____

Reason: _____

Recommendations:

_____

_____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to participate in the sport(s) as outlined above. A copy of the physical exam is on file in my office and can be made available to the school upon request by the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved, and the potential consequences are fully explained to the athlete (and their parents/guardians). This form is an exact duplicate of the current form required by the Idaho High School Sports and Activities Association, containing the same history questions and physical examination findings.

Name of Provider (Print/type): _____ Date:_____

Address: _____ Phone:_____

Signature of Provider (MD/DO): _____

PARENT/GUARDIAN'S PERMISSION AND RELEASE

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 the student receiving health care services deemed necessary by health care providers or designated school authorities for any condition resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out health care services including but not limited to screening, examination, and treatment for the above-named student. This meets the parental consent requirements set forth in Idaho Code Section 32-1015. 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 civil liability as specified in said section.

_____ _____ _____

Printed name of parent or guardian | Signature of parent/guardian | Date

_____ _____ _____

Address | Parent/Guardian Work Phone | Additional Phone