

Boise Schools Required 7-8 Grade Physical Examination

It is required that all students complete a History and Physical examination prior to his/her participation in physical education and athletic programs. The exam is at the expense of the student and is to be completed **after May 1** of the 6th grade year. This examination is to be done by a licensed physician, physician's assistant, nurse practitioner, or chiropractor.

Name _____ Home Address _____

Phone _____ Grade _____ Sports _____

Personal Physician _____ Physician's phone number _____

Date of Birth _____ Sex _____ School _____

CONSENT FORM

(Parent or Guardian Permission and Approval)

I hereby consent to the above named student participating in the physical education and/or 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 treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

HISTORY FORM

*Fill in details of "YES" answers in 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 heat cramps? | _____ | _____ |
| C. Have you ever had chest pain during or 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 cough during or 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 skipped beats? | _____ | _____ | B. Do you wear glasses, contacts or protective eyewear? | _____ | _____ |
| H. Has anyone in your family died of heart problems or 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 last exam? _____

14. When was your last tetanus shot? _____

When was your last measles immunization? _____

15. 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: _____

PHYSICAL EXAMINATION FORM

Student Name _____ BP _____ / _____

Height _____ Wt _____ T _____ Pulse _____ Resp _____
Visual acuity R 20 / _____ L 20 / _____ Corrected Y N Pupils _____

Immunizations/Boosters (Check if current and provide copy of immunization record)
DT/Dtap/Tdap _____ HEP A _____ HEP B _____ HPV _____ Meningococcal _____ MMR _____ OPV _____
Varicella _____

CURRENT HEALTH PROBLEMS _____

CURRENT MEDICATIONS _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
Scoliosis	Positive _____	Negative _____
	*Under Care of Physician _____	_____

CLEARANCE / RECOMMENDATIONS

Clearance: _____

_____ A. Cleared for all sports and other school-sponsored activities.

_____ B. Cleared after completing evaluation / rehabilitation for: _____

_____ C. Student is NOT permitted to participate in physical education or athletics.
Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____
(This Physical form must be signed by one of the following: a licensed physician, physician's assistant, nurse practitioner, or chiropractor)

Address: _____ Phone: (_____) _____