



**Physical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Pulse: resting \_\_\_\_\_ 15 hops \_\_\_\_\_ after 2 minutes \_\_\_\_\_  
 Visual Acuity: Eyes (R) 20/ \_\_\_\_\_ w/o glasses \_\_\_\_\_ (L) 20/ \_\_\_\_\_ w/ glasses \_\_\_\_\_

Other Testing \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal Findings \_\_\_\_\_

- 1. General \_\_\_\_\_
- 2. Skin \_\_\_\_\_
- 3. HEENT \_\_\_\_\_
- 4. Teeth (Dental Exam) \_\_\_\_\_
- 5. Neck \_\_\_\_\_
- 6. Lungs \_\_\_\_\_
- 7. Heart (Sit and Stand) \_\_\_\_\_
- 8. Abdomen \_\_\_\_\_
- 9. Genitalia \_\_\_\_\_
- 10. Musculoskeletal \_\_\_\_\_

- Shoulder/Arm \_\_\_\_\_
- Elbow/Forearm \_\_\_\_\_
- Wrist/Hand \_\_\_\_\_
- Back \_\_\_\_\_
- Hip/Thigh \_\_\_\_\_
- Knee \_\_\_\_\_
- Shin/Calf \_\_\_\_\_
- Ankle/Leg \_\_\_\_\_
- Foot \_\_\_\_\_
- 11. Peripheral Pulses \_\_\_\_\_
- 12. Neurologic \_\_\_\_\_
- 13. Mental Status \_\_\_\_\_
- 14. Marfan Screen \_\_\_\_\_

Other Tests (optional)  
 \_\_\_\_\_ Auditory \_\_\_\_\_ U/V \_\_\_\_\_ EKG \_\_\_\_\_  
 \_\_\_\_\_ % Body Fat \_\_\_\_\_ Drug Screen \_\_\_\_\_ Chest X-Ray \_\_\_\_\_  
 \_\_\_\_\_ Hgb/Hct \_\_\_\_\_ SMAC \_\_\_\_\_ Tanner Stage \_\_\_\_\_

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

Additional Comments:

Examination Date \_\_\_\_\_ Physicians Signature \_\_\_\_\_  
 Physician's Assistant Signature \_\_\_\_\_  
 Advanced Nurse Practitioner Signature \_\_\_\_\_

\* effective January 2009, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Student's Name \_\_\_\_\_ School Name \_\_\_\_\_

**Consent Form to self administer asthma medication**  
*(not needed if current form is already on file with school)*

Parent Consent

I, \_\_\_\_\_, do hereby give my son/daughter, \_\_\_\_\_ permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Consent

As a patient under my care, \_\_\_\_\_ is prescribed to self-administer the following asthma medication.

Medication \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 Dosage \_\_\_\_\_  
 Time/Special Circumstances \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**IHSA Steroid Testing Policy Consent to Random Testing**

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at [http://www.ihsa.org/initiatives/sportsmedicine/ihsa/ihsa\\_banned\\_drug\\_classes.pdf](http://www.ihsa.org/initiatives/sportsmedicine/ihsa/ihsa_banned_drug_classes.pdf).

Signature of student-athlete \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of parent-guardian \_\_\_\_\_ Date \_\_\_\_\_

