



FORM A

USE THIS FORM FOR INITIAL PHYSICAL EXAM

Instructions for use of pre-participation (athletic)
Health Examination and Consent Form

Instructions for completing FORM A

COMPLETING THIS FORM:

- 1. PLEASE TYPE OR PRINT LEGIBLY
- 2. Parent or Guardian is to complete the Health History on page 3 of Form A and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms.
- 3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
- 4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:

- 1. School personnel should review form to assure it is completed properly.
- 2. ORIGINAL copy is to be retained in school files.

A health examination must be performed and the Pre-participation Physical Evaluation (FORM A) must be completed before any student may participate in athletic activities sponsored by this Association. Clearance Form (Form B) must be completed by the parent each subsequent year. A reevaluation physical examination will be required if any changes appear for questions 1-16 on the Clearance Form (Form B). Forms A and B along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.



Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on Health Examination Form A or B.

Name of Student	School	1
Is the student covered by health/accident insurance?	□Yes	, □No
is the student covered by health/accident hisurance:	1 1 CS	
Name of health insurance provider		
If no insurance provider, explain		
CONSENT FORM Parent or Guardian Statement of Permission, Approval, and Acknowledgement:		
Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.		
Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.		
Recognize that a risk of possible injury is inh potential injuries may be severe in nature incl paralysis or even death.		
Acknowledge and give consent that a copy of if my student's health changes and would alte possible but within no longer than 10 days.		m will remain in the student's school. I agree that valuation, I will notify the school as soon as
Hereby acknowledge having received education signs, symptoms, and risks of sport related control of the symptoms.		
Parent or Guardian Name	Parent	t or Guardian Signature
0. 1 0		
Student Statement By signing below I acknowledge:		
	I have no	• • •
☐ My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.		
☐ Having received education including receiving	g written owledge	n information regarding signs, symptoms, and e my responsibility to report to my coaches and
Signature of Student	Date	