DO NOT FOLD FORM MISSISSIPPI ATHLETIC PRE-PARTICIPATION FORM

Please Print

Sex: M F Date of Birth	Name						_ Date _			
Address City State Zip Parent / Guardian Name	School _			_ Grade	Spo	rt(s)				
Parent / Guardian Name	Sex: M F	F Date of Birth		_ Age	Pho	one/Cell				
Parent / Guardian Name	Address _				ity			State	Zip	
### FAMILY MEDICAL HISTORY The samy member of your family under age 50 had these conditions? Heart Attack	Race (circ	cle) African/American	White	Hispanic	Α	sian	Other			
Has any member of your family under age 50 had these conditions? Yes No Condition	Parent / G	Guardian Name					Wor	k Phone		
Please explain any "Yes" Yes No Condition Please explain any "Yes" Hypertrophic cardiomycopathry Please explain any "Yes" Hypertrophic cardiomycopathry Hypertrophic cardiom		Нас					conditions	2		
Has the athlete had any of the following injuries? Shoulder L / R		Condition Heart Attack Sudden Death Stroke Heart Disease / High Pressure Diabetes Sickle Cell Trait / Anemia Sudden Infant Death Drowning or near drowning Pacemaker or implantable	Please explain	n any "Yes"	Yes No	Condition Hypertroph Marfan syn Arrhythmog cardiomy Long QT sy Short QT sy Brugada sy Catecholan	ic cardiom drome genic right opathy rndrome yndrome ndrome ninergic po	yopaththy ventricular		
Ves No Condition Date Ves No Condition Date Concussion Date Concussion Date Concussion Date Concussion Date							2			
Elbow L / R		Concussion	Date -		Yes No	Condition Neck Injury	/ Stinger	/ R		
ATHLETIC MEDICAL HISTORY Has the athlete had any of these conditions? Yes No Medical Yes No Medical Yes No Cardiac Kidney Disease Hernia Medications Single Testicle Rapid weight loss / gain Heart Murmur High Blood Pressure Take supplements / vitamins Heart Murmur Organ Loss Heat related problems Heat Infection Previous Surgeries Menstrual irregularities Seizures Shortness of breath with exercise Recent Mononucleosis Irregular Heartbeat History of Asthma Enlarged Spleen Dizzy or Fainting with Exercise Diabetes (circle): Type Type Sickle Cell Trait / Disease Heart Disease / Marfan's / Kawasaki's Tuberculosis Sickle Cell Trait / Disease Heart Disease / Marfan's / Kawasaki's Tuberculosis Overnight in hospital Allergies (Food, Drugs) Chest Pain or Tightness w/Exercise Please explain any "Yes" WAIVER FORM To the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening evaluation we understand that the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that the examination will be provided without expectation of payment and that the physician and many other medical professionals providing services may be immune from liability under Mississippi law. This waiver, executed this		Elbow L / R Hip Knee L / R Foot L / R Pinched Nerve Transient Quadriplegia / Stenosis Have you ever had any numbnes	s, tingling or we	akness in your ar	ms or leg	Back Thigh L / R Lower Leg Ankle L / F Chest s after being	L/R			
Yes No Medical Wedicatons Medicatons Medicatons Medications Meart Mideications Meart Mideications Seizures Seizures Irregular Heart Infection Beliarged Spleen Dizzy or Fainting with Exercise Nerrigular Heart Disease Nerrigular Heart Infection Seizures Irregular Heart Disease Nerrigular Heart Disease Nerrigular Heart Infection Seizures Irregular Heart Disease Nerrigular Heart Disease Nerrigular Heart Infection Seizures Seizures Seizures Seizures Seizures Seizures Seizures Seizures Meart Miscrise Seizures Meart Miscrise Seizures Meart Medications Heart Murmur Allegular Heart Infection Seizures Heart Disease Nerrigular Heart Infection Seizures Seizures Seizures Seizures Seizures Seizures Nerrigular Heart Infection Seizures Irregular Heart Infection Seizures Irregular Heart Infection Seizures Irregular Heart Infection Seizures Irregular Heart Infection Seizures	Previous 9	Surgeries:								
Yes No Medical Yes No Medical Yes No Medical Yes No Cardiac Medications Medication Medication Medications Medication										
WAIVER FORM To the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that the examination will be provided without expectation of payment and that the physician and many other medical professionals providing services may be immune from liability under Mississippi law. This waiver, executed this		Kidney Disease Single Testicle High Blood Pressure Organ Loss Previous Surgeries Shortness of breath with exercise History of Asthma Diabetes (circle): Type I Type Liver Disease Tuberculosis	Yes No	Medical Hernia Rapid weight lo Take suppleme Heat related pro Menstrual irrego Recent Mononu Enlarged Splee Sickle Cell Trait Vision loss: sign	ss / gain nts / vitam bblems ularities ucleosis n : / Disease nificant los	nins e es of vision in		Medication Heart Mu High Blood Heart Infe Seizures Irregular Dizzy or I Heart Dis Excessive w/Exer	rmur od Pressure ection Heartbeat Fainting with Exercise ease / Marfan's / Kaw e Shortness of Breath cise	vasaki's
To the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that the examination will be provided without expectation of payment and that the physician and many other medical professionals providing services may be immune from liability under Mississippi law. This waiver, executed this	Please ex	cplain any "Yes"								
and, patient, is executed in compliance with Mississippi law, with the full understanding that if a physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expectation o payment, the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health care services	We unders further un profession	stand the evaluation involves a linderstand that the examination hals providing services may be in	imited examinat will be provide nmune from liab	rate information ion and the scre d without expec ility under Missi	and we he ening is etation of essippi law	not intended payment ar ⁄.	to nor wi nd that th	ll it prevent ne physiciai	injury or sudden dea n and many other r	ath. We nedica
payment, the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health care services										
	payment, t	the physician will be immune froi	m liability for ar	y civil action ari	sing out o	of the provisi	on of tho	se medical	and/or health care s	ng that ation of ervices





Information below to be filled out by physician only

Height Weight				Blood Pressure			Pulse			
General Medical E	xam:									
	Norm	Abni			Norm	Abnl		N	orm	Abni
ENT _			Lungs				Hernia (if Nee	ded)		_
Heart _			Abdomen	-			Marfan Stigmata			
Skin _										
Comments				-						
Flexibility Exam:	5	42								
	LEFT	RIGHT			LEFT	RIGHT		L	EFT	RIGH
Neck _	· · · · · · ·		Back Ext / Flex				Quads		-	
Hips _		<u> </u>	Shoulder				Heelcords		8	
Hams _										
Comments										
Orthopaedic Exam	:	7010					*	N. T. S.	35 (2) (1)	
	Norm	Abnl			Norm	Abnl		No	orm	Abnl
. Spine / Neck _			II. Upper Extrem	ity .			III. Lower Ex	remity		
Cervical _			Shoulder				Hip			
Thoracic _		-	Elbow				Knee	, 		
Lumbar		-	Wrist				Ankle	8 5		
			Hand / Fingers	3 _			Feet	-		
Other Comments							1900-100-100-100-100-100-100-100-100-100			
3.	2	E2			ý:		11			
Optional Exams:										
DENTAL						VISION	L F	R		
1 2 3 4 5	5 6 7	8 9 10	11 12 13 14 15	5 16			nts:			
			5 24 23 22 21		18 17					
Comments										
] From this limited so										â
] Student needs furth										
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