## **Trust**Care*Health*\*\*

## MISSISSIPPI ATHLETIC PRE-PARTICIPATION FORM

Name				Date					
	lease Print		Grade	Sp	ort(s)				
Sex: M F	Date of Birth	A	ge	Phone/	Cell_				
Address _				City				State	Zip
Race (circl	e) African/American	White	Hispanic	Asia	n	Other			
Parent/Gu	ardian Name					Work F	hone	<u> </u>	
			FAMILY MED				1	2	
VEC NO			r of your family <u>u</u>				aition	15?	Diago avalois any "VEC"
YES NO	Condition Heart Attack Sudden Death Stroke Heart Disease/High Blood Pressure Diabetes Sickle Cell Trait/Anemia Sudden Infant Death Drowning or near drowning Pacemaker or implantable defibrillator		ain any "YES"		NO D D D D D D D D D D D D D D D D D D D	Condition Hypertrophic ca Marfan syndron Arrhythmogenic ventricular cardi Long QT Syndron Short QT Syndron Brugada syndro Catecholaminer ventricular tach	ne c right iomyop me ome me gic poly	athy rmorphic	Please explain any "YES"
		А	THLETE'S ORTH	OPADE	IC HIS	TORY			
			athlete had any			. •			
YES NO	Condition Concussion Shoulder L / R Elbow L / R Hip Knee L / R Foot L / R Pinched Nerve Transient Quadriplegia/Stenosis Have you ever had any numbness, tingling Have you ever been unable to move both sources.	g or weakness in g	gs after being hit or fal	being hit o		Condition  Neck Injury/Stinger  Arm/Wrist/Hand L / R  Back  Thigh L / R  Lower Leg L / R  Ankle L / R  Chest			Date
	3		ATHLETIC ME	DICAL F	IISTO				
YES NO	Kidney Disease Single Testicle High Blood Pressure Organ Loss Previous Surgeries Shortness of breath w/exercise History of Asthma Diabetes (circle): Type I Type II Liver Disease Tuberculosis Overnight in hospital	YES NO	the athlete had a Medical Hernia Rapid weight loss/ Take supplements/ Heat related proble Menstrual Irregulal Recent Mononucle Enlarged Spleen Sickle Cell Trait/Dis Vision loss: signific Allergies (Food,Dru	gain vitamins ems rities osis ease ant loss of	vision in	one eye	YES	NO	Cardiac Medications Heart murmur High Blood Pressure Heart Infection Seizures Irregular Heartbeat Dizzy or Fainting with Exercise Heart Disease/Marfan's/Kawasaki's Excessive shortness of breath w/exercise Chest Pain or Tightness w/exercise
Please exp	olain any "YES"			R FORM	1				
This waiver, executed in at an accred	ion involves a limited examination ar , executed this date n compliance with Mississippi law, with	nd the screening, byth the full und ectation of page	e information and v ng is not intended erstanding that if a yment, the physicia	we hereb to nor wi physicia in will be	y grant Il it pre , (Pr n volui immu	event injury or so rovider), and ntarily provides ne from liability	need for a	ed med	, (Patient), dical or health services to any prograr action arising out of the provision of

Typed or Printed Name of Patient