TrustCare*Health***

MISSISSIPPI ATHLETIC PRE-PARTICIPATION FORM

Name		[Date	e	
	lease Print		Grade	Sp	ort(s)				
Sex: M F	Date of Birth		Age	Phone/	Cell_				
Address City State Zip									
Race (circl	e) African/American	White	Hispanic	Asia	an	Other			
Parent/Gu	ardian Name					Work P	hone		
	Шас	any mam	FAMILY MED				dition	c2	
YES NO	Condition		xplain any "YES"		der age 50 had these condition YES NO Condition			5:	Please explain any "YES"
	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		Contractive TES			Hypertrophic can Marfan syndrom Arrhythmogenic ventricular cardi Long QT Syndror Short QT Syndror Brugada syndror Catecholaminer ventricular tachy	ne cright comyopa me me me gic poly	athy	
ATHLETE'S ORTHOPADEIC HISTORY									
Has the athlete had any of the following injuries?									
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 a	g or weakness	n legs after being hit or fa	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	Medical 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 N	as the athlete had a NO Medical Hernia Rapid weight loss/ Take supplements, Heat related probl Menstrual Irregula Recent Mononucle Enlarged Spleen Sickle Cell Trait/Dis Vision loss: signific	gain /vitamins ems rities oosis eease cant 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
			WAIVE	R FORM					
This waiver, executed in at an accrec	ion involves a limited examination ar , executed this date , compliance with Mississippi law, wit	nd the scree , by th the full u ectation of	ening is not intended nderstanding that if a payment, the physicia	to nor wi a physicia an will be	ll it pre , (Pr n volui immu	vent injury or so ovider), and ntarily provides ne from liability	neede	death ed med	, (Patient), lical or health services to any program action arising out of the provision of

Typed or Printed Name of Patient