MAGNOLIA REGIONAL HEALTH CENTER
SPORTS MEDICINE

MISSISSIPPI ATHLETIC PARTICIPATION FORM
ATHLETIC HEALTH HISTORY
-DO NOT FOLD FORM-

Community Service Complex
1001 S. Harper Road
Corinth, MS 38834
(662) 287-1400

Name:_____ Grade next year:_____ ***School:*** _____
Sex: ☐Male ☐Female Date of Birth:_____ Age: _____
Address: _____
Family Physician: _____
Parent/Guardian Name: _____
SSN: _____ Emergency Phone: _____
Work Phone:_____ Mobile Phone:_____

Sports Next Year
- ☐ Band/Color Guard
- ☐ Baseball
- ☐ Basketball
- ☐ Bowling
- ☐ Cheerleading
- ☐ Cross Country
- ☐ Dance
- ☐ Fast-Pitch
- ☐ Football
- ☐ Golf
- ☐ Powerlifting
- ☐ Slow-Pitch
- ☐ Soccer
- ☐ Tennis
- ☐ Track and Field
- ☐ Volleyball

FAMILY MEDICAL HISTORY
Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom
☐	☐	Heart Attack	
☐	☐	Sudden Death	
☐	☐	Stroke	
☐	☐	Heart Disease/High Pressure	
☐	☐	Diabetes	
☐	☐	Sickle Cell Anemia	
☐	☐	Arthritis	
☐	☐	Epilepsy	
☐	☐	Kidney Disease	

ATHLETE'S ORTHOPAEDIC HISTORY
Has the athlete had any of the following injuries?

Yes	No	Condition (indicate L or R)	YEAR	Yes	No	Condition (indicate L or R)	YEAR
☐	☐	Head Injury / Concussion		☐	☐	Neck Injury / Stinger	
☐	☐	Shoulder ☐L ☐R		☐	☐	Arm / Wrist / Hand ☐L ☐R	
☐	☐	Elbow ☐L ☐R		☐	☐	Back	
☐	☐	Hip ☐L ☐R		☐	☐	Thigh ☐L ☐R	
☐	☐	Knee ☐L ☐R		☐	☐	Lower leg ☐L ☐R	
☐	☐	Chronic Shin Splints		☐	☐	Ankle ☐L ☐R	
☐	☐	Foot ☐L ☐R		☐	☐	Severe Muscle Strain	
☐	☐	Pinched Nerve		☐	☐	Chest	

Explain "Yes" answers: _____

ATHLETE'S MEDICAL HISTORY
Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur	☐	☐	Organ Loss	☐	☐	Overnight in Hospital
☐	☐	Seizures	☐	☐	Take Supplements /vitamins	☐	☐	Hernia
☐	☐	Kidney Disease	☐	☐	Knocked out	☐	☐	Rapid weight loss/gain
☐	☐	Irregular Pulse	☐	☐	Heart Disease	☐	☐	Heart related problems
☐	☐	Single Testicle	☐	☐	Diabetes	☐	☐	Menstrual irregularities
☐	☐	High Blood Pressure	☐	☐	Liver Disease	☐	☐	Recent Mononucleosis
☐	☐	Dizzy / Fainting	☐	☐	Shortness of Breath	☐	☐	(Mono)/enlarged spleen
☐	☐	Tuberculosis	☐	☐	Coughing w/ Exercise			
☐	☐	Surgery – What Type? _____						
☐	☐	Allergies i.e. Food, Drugs, Other: _____						

Explain "Yes" answers: _____
Date of Last Tetanus Immunization (YEAR): _____

I hereby state that my answers to these questions are correct to the best of my knowledge.

Signature of Athlete: _____ Date: _____

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INFORMATION BELOW TO BE FILLED OUT BY MEDICAL PERSONNEL ONLY

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Height _____'_____" Weight _____Lbs. Blood Pressure _____/_____ ☐***Re-check by MD*** _____/_____

ORTHOPAEDIC EXAM

	Norm	Abnl	Scoliosis
I. Spine / Neck			
Cervical			
Thoracic			
Lumbar			
II. Upper Extremity			
Shoulder			
Elbow			
Wrist			
Hand / Fingers			
III. Lower Extremity			
Hip			
Knee			
Ankle			

GENERAL MEDICAL EXAM

	Norm	Abnl		Norm	Abnl
Ears			Lungs		
Nose			Heart		
Throat			Hernia (if needed)		
Eyes			Skin		

FLEXIBILITY
Hamstrings ___Poor ___Fair ___Average ___Good ___Excellent

VISION L 20/_____ R 20/_____ Glasses on _____ Contacts in _____

General Health Comments _____

_____

PARTICIPATION LEVEL
[ ] From this limited screening I see no reason why this student cannot participate in athletics.
[ ] Student needs further evaluation by regular family physician.

Physician/Clinician _____ ***Physician/Clinician*** _____

-PLEASE SIGN WAIVER ON BACK OF FORM-
-DO NOT FOLD FORM-

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Magnolia Regional Health Center Pre-participation Exam Student Waiver

Federal law protects physicians who provide athletic physicals on a voluntary basis. The law requires physicians to obtain a signed waiver from the student's parent/guardian unless that student is 18 or older. Students who have not completed the following waiver may not participate in the athletic physicals provided by Magnolia Regional Health Center.

This waiver is executed in compliance with Mississippi law, which states that if a physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expectation of 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 which were provided in good faith on a charitable basis. Such immunity does not extend to acts of willful or gross negligence.

Magnolia Regional Health Center Athletic Release-of-Liability

In consideration of participation in pre-season athletic evaluation, I fully and finally release Magnolia Regional Health Center and all of their officers, directors, trustees, employees, or other agents for any claim, rights, or causes of action that may occur from my participation.

Magnolia Regional Health Center (Sports Medicine) Permission for Treatment

I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school, Magnolia Regional Health Center, its physicians, athletic trainers, and Emergency Department to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics.

Magnolia Regional Health Center Permission for Concussion Testing

I grant permission for Magnolia Regional Health Center's Department of Rehabilitation, section of Sports Medicine, to perform electronic baseline concussion testing and follow-up assessments as needed In the event my child sustains a head injury, either in practice, game, or non-school activity.

Magnolia Regional Health Center Confidentiality Waiver

By signing below, I grant permission to all Certified Athletic Trainer(s) and other medical personnel to discuss with physicians, nurse practitioners, coaches, and any other necessary personnel, any pertinent information regarding my child's injury, diagnosis, medical condition, medications, treatment, rehabilitation program, follow-up care, and any other necessary medical information pertaining to the well-being of my child.

Magnolia Regional Health Center Permit to Photograph

I grant permission to permit photographs or video to be taken of my child while participating in any event relating to Magnolia Regional Health Center to be used in print, social media, or other methods for marketing and/or advertisement purposes.

Legal/Parent Consent for Athletic Pre-Participation Screening

By the execution of this consent, the student athlete named below and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.

_____	_____	_____
SIGNATURE OF PARENT OR GUARDIAN	***SIGNATURE OF ATHLETE***	***DATE***
_____	_____	
PHYSICIAN/CLINICIAN SIGNATURE	***PHYSICIAN/CLINICIAN SIGNATURE***	