2021-2022

MISSISSIPPI ATHLETIC PRE-PARTICIPATION FORM

Please Print

Name _____ Date _____

School **WEST LOWNDES HIGH SCHOOL** Grade _____ Sport(s) _____

Sex: Date of Birth _____ Age _____ Phone/Cell _____

Address _____ City _____ State _____ Zip _____

Race

Parent / Guardian Name _____ Work Phone _____

FAMILY MEDICAL HISTORY

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

Yes	No	Condition	Please explain any "Yes"
☐	☐	Heart Attack	
☐	☐	Sudden Death	
☐	☐	Stroke	
☐	☐	Heart Disease / High Pressure	
☐	☐	Diabetes	
☐	☐	Sickle Cell Trait / Anemia	
☐	☐	Sudden Infant Death	
☐	☐	Drowning or near drowning	
☐	☐	Pacemaker or implantable defibrillator	
☐	☐	Hypertrophic cardiomyopaththy	
☐	☐	Marfan syndrome	
☐	☐	Arrhythmogenic right ventricular cardiomyopathy	
☐	☐	Long QT syndrome	
☐	☐	Short QT syndrome	
☐	☐	Brugada syndrome	
☐	☐	Catecholaminergic polymorpphic ventricular tachycardia	

ATHLETE'S ORTHOPAEDIC HISTORY

Has the athlete had any of the following injuries?

Yes	No	Condition	Date
☐	☐	Concussion	
☐	☐	Shoulder	
☐	☐	Elbow	
☐	☐	Hip	
☐	☐	Knee	
☐	☐	Foot	
☐	☐	Pinched Nerve	
☐	☐	Transient Quadriplegia / Stenosis	
☐	☐	Neck Injury / Stinger	
☐	☐	Arm / Wrist / Hand	
☐	☐	Back	
☐	☐	Thigh	
☐	☐	Lower Leg	
☐	☐	Ankle	
☐	☐	Chest	

☐ ☐ Have you ever had any numbness, tingling or weakness in your arms or legs after being hit or falling?

☐ ☐ Have you ever been unable to move both arms and both legs after being hit or falling?

Previous Surgeries: _____

ATHLETIC MEDICAL HISTORY

Has the athlete had any of these conditions?

Yes	No	Medical
☐	☐	Kidney Disease
☐	☐	Single Testicle
☐	☐	High Blood Pressure
☐	☐	Organ Loss
☐	☐	Previous Surgeries
☐	☐	Shortness of breath with exercise
☐	☐	History of Asthma
☐	☐	Diabetes: Type: _____
☐	☐	Liver Disease
☐	☐	Tuberculosis
☐	☐	Overnight in hospital
☐	☐	Hernia
☐	☐	Rapid weight loss / gain
☐	☐	Take supplements / vitamins
☐	☐	Heat related problems
☐	☐	Menstrual irregularities
☐	☐	Recent Mononucleosis
☐	☐	Enlarged Spleen
☐	☐	Sickle Cell Trait / Disease
☐	☐	Vision loss: significant loss of vision in one eye
☐	☐	Allergies (Food, Drugs) _____

Yes	No	Cardiac
☐	☐	Medications _____
☐	☐	Heart Murmur
☐	☐	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 explain any "Yes" _____