

# PRE-PARTICIPATION EXAMINER'S CERTIFICATION



This form must be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant who is familiar with the student's medical care.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

You are being asked to certify that this individual has no contraindication for participation in the Mississippi Baptist All-State Youth Choir & Orchestra rehearsal camp and choir tour experience which can be physically, mentally, psychologically and emotionally strenuous. The parent/guardian should provide the completed **Mississippi Baptist MEDICAL INFORMATION AND RELEASE FORM** for your review.

## EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in the Mississippi Baptist All-State Youth Choir & Orchestra rehearsal camp and choir tour.

True	False	Statement	Explanation
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.	
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.	
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizure in the last year.	
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.	
<input type="checkbox"/>	<input type="checkbox"/>	Does not have any other poorly controlled medical conditions.	
<input type="checkbox"/>	<input type="checkbox"/>	Can provide for his/her own routine medical needs.	
<input type="checkbox"/>	<input type="checkbox"/>	Has no medical restrictions to participate.	

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner's Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_