PRE-PARTICIPATION EXAMINER'S CERTIFICATION

MISSISSIPPI BAPTISTS

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 CONSENT 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
		Does not have uncontrolled heart disease, asthma, or hypertension.	
		Has no uncontrolled psychiatric disorders.	
		Has had no seizure in the last year.	
		Does not have poorly controlled diabetes.	
		Does not have any other poorly controlled medical conditions.	
		Can provide for his/her own routine medical needs.	
		Has no medical restrictions to participate.	

Examiner's Signature _____ **Date** _____

Examiner's Printed Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____

Scan and e-mail this form to wmforms@mbcb.org