Medical History of Injuries

Have you ever experienced: (check if yes)
1. Concussion
2. Neck or Back Injury
3. Shoulder Injury
4. Elbow Injury
5. Arm, Wrist, Hand Injury
6. Rib(s) Injury
7. Hip Injury
8. Thigh Injury
9. Knee Injury
10. Ankle Injury
11. Foot Injury

Questions about your health

Do you experience or have you experienced: (check if yes)
1. Frequent Headaches
2. Fainting Spells
3. High Blood Pressure
4. Difficulty Breathing
5. Allergic Reaction
6. Irregular Heartbeats
7. Chest Pain
8. Abnormal Bleeding
9. Vision Difficulties
10. Asthma

Medical Waiver Form

This waiver, executed this date by any physician or medical professional involved with this physical screening is executed in compliance with Mississippi law, which provides 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.

I give permission to the doctor treating my child, in the event of an injury, to discuss his/her/condition with the athletic trainer involved in the medical care and/or rehabilitation program.

Signature (Guardian must sign if under 18.)

INVALID IF NOT SIGNED BY PARENT OR GUARDIAN

DO NOT WRITE BELOW THIS LINE; TO BE COMPLETED BY MEDICAL PERSONNEL ONLY!

<table>
<thead>
<tr>
<th>Orthopedic Exam</th>
<th>OK</th>
<th>Further Eval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Exam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Exam</th>
<th>OK</th>
<th>Further Eval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Rhythm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Conditions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This athlete shows no medical findings at this time and should be allowed to participate in athletic competition.

This athlete should have further evaluation before participating in any athletics by the following:

Family Physician
FNP
Orthopedic
Optometrist
General Surgeon
Neurologist
Internal Medicine
Cardiologist
ATC
Other

Medical Professional’s Signature

Date
Rush Medical Foundation dba Rush Foundation Hospital ("Rush") is required by law to maintain the privacy of your medical information, to provide you with this "Notice" of its legal duties and privacy practices with respect to your medical information and to abide by the terms of this "Notice." This "Notice" applies only to participants in Rush's Sports Medicine program. A separate notice will be provided if you become a patient at Rush or any of its affiliated entities. Rush has an Organized Healthcare Arrangement (OHCA) with its medical staff. When using protected health information (PHI) obtained for treatment of a patient at the hospital and for payment of these services, medial staff physicians will follow the Rush privacy practices. At their private offices, they will follow their own privacy practices.

**HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:** We will use your PHI as part of rendering patient care. For example, your PHI may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered, and by administrative personnel in order to review the quality of the care you received. We may also use your PHI in accordance with federal and state laws for the following purposes:

- **Appointment Reminders:** We may contact you to provide appointment reminders.
- **Treatment Information:** We may contact you with information about treatment alternatives and other health-related benefits and services.
- **Disclosure to Department of Health and Human Services:** We may disclose your PHI when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.
- **Public Health and Health Oversight Activities:** We may use or disclose your PHI (1) for public health activities, including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation, and/or intervention, or (2) to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions, administrative, and/or legal proceedings.
- **Abuse or Neglect:** We may disclose your PHI when it concerns abuse, neglect, or violence to you in accordance with federal and state law.
- **Legal Proceedings:** We may disclose your PHI in the course of certain judicial or administrative proceedings.
- **Law Enforcement:** We may disclose your PHI for law enforcement purposes or other specialized government functions.
- **Public Safety:** We may use or disclose your PHI to prevent or lessen a serious threat to the health or safety of another person or to the public.
- **Family and Friends:** Unless you object, we may disclose your PHI to a family member or close personal friend if the PHI is relevant to that person's involvement with your care.
- **Business Associates:** We may disclose your PHI to a business associate with whom we contract to provide services on our behalf. We require our business associates to appropriately safeguard our patient's PHI.

**AUTHORIZATIONS:** We will not use or disclose your PHI for any other purpose without your written authorization except as otherwise permitted or required by law. Once given, you may revoke you authorization in writing at any time except to the extent that Rush has taken action in reliance on the use or disclosure as indicated in the authorization. To request a Revocation of Authorization form, you may contact: CORPORATE, 1314 19TH AVENUE, MERIDIAN, MISSISSIPPI 39301, 601-703-9100.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:** You have the following rights with respect to your PHI:

- You may ask us to restrict certain use and disclosures of your PHI. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your PHI, subject to certain specific exceptions, and may be charged a reasonable copy fee.
- You may ask us to amend your PHI. We may deny your request for certain specific reasons and will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of disclosures of your PHI made by Rush during the last six years (or following April 14, 2003). The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- You may request a paper copy of this “Notice of Privacy Practices.”
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us or obtain further information regarding your rights or regarding the use and disclosures of your PHI, please contact: CORPORATE COMPLIANCE, 1314 19th AVENUE, MERIDIAN, MISSISSIPPI 39301, 601-703-9100.

**REVISION OF NOTICE OF PRIVACY PRACTICES:** We reserve the right to change the terms of this “Notice,” making any revision applicable to all the protected health information we maintain. If we revise the terms of this “Notice,” we will post a revised notice at Rush facilities and will make paper copies of the revised Notice of Privacy available upon request.

**THIS NOTICE IS EFFECTIVE AS OF (Date).**