

Mississippi State Youth Conference Medical Certificate

Name: _____ Age: _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Grade in or just completed: _____

Parent's Business Phone(s): _____

Present State of Health

Have you had, or do you have any of the following? (Check Y or N)

Condition	Y	N	Condition	Y	N	Condition	Y	N
Allergy/Asthma			Epilepsy/Seizures			Migraine Headaches		
Cancer			Eye, ear, nose or Throat trouble			Menstrual Disorder		
Contacts/Glasses			Fainting			Skin Disease		
Depression			Heart Disease			Stomach Trouble		
Diabetes			Ulcers			Tuberculosis		
Kidney Disease			Drug Sensitivities			Emotional Problems		
Other								

**Explain any of the above (Use extra paper if needed) _____

Prescribed Medications & Dosage: _____

Do you have allergic reactions to any of the following? (Check Y or N)

Allergic Reactions to:	Y	N
Medications		
Poison Ivy/Oak		
Bee Stings		
Food		
Other		

Explain: _____

Present Height: _____ Present Weight: _____

***NOTE: If you have any chronic medical problems, please have your physician write a note, including medical clearance for you to attend this conference. Note: Medical committee will keep this information personal and confidential.