



Request for Transfer of Medical Information

As required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996, Clinton Family Care LLC may not use or disclose your health information except as provided in our Notice of Privacy Practices without your authorization. Your signature on this form indicated that you are giving permission for the uses and disclosures of protected health information described herein.

I, _____ understand that the information contained in my record is
(name of patient)
confidential. However, I give my consent for _____ Dr. David B. Wheat _____ at
(name of physician)

_____ Clinton Family Care LLC Clinton, MS 39056 _____ to release my
(physician address)
treatment records from _____ to _____, or information concerning such records to:
(date) (date)

(specific physicians or organization)

(Address) (Fax #)

for the specific purpose of _____ MEDICAL CARE/ TREATMENT _____
(Specific nature and extent of information to be released)

I understand that the document authorized to be released by me includes, but is not limited to, family histories, reports of clinical findings and diagnosis, laboratory test results, X-ray reports, reports of examination and evaluation, and any hospital admission or discharge records.
I understand that I may revoke this consent at any time by giving Clinton Family Care written notice, except to the extent that action has been taken thereon. I further understand that this consent will expire upon _____ (not to exceed six months) and cannot be renewed without my written consent .

(Signature of Patient) (Date)

(Witness) (Date)

(Signature of Physician) (Date)

PATIENT IDENTIFYING DATA

(Last Name) (First Name) (MI) (Maiden Name)

(Address)

(Date of Birth) (Social Security Number) (Telephone Number)

NAME: _____ AGE: _____ SEX: _____ DATE: _____

SCHOOL: _____ SPORT(S): _____

FAMILY HISTORY: Has any member of your family under the age of 50 had the conditions listed below?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease or Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Asthma

ATHLETES MEDICAL HISTORY

Have you had any of the below listed conditions?

Last Tetanus: _____

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur, irregular or rapid pulse	<input type="checkbox"/>	<input type="checkbox"/>	Recent mononucleosis or enlarged spleen
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain with or without exercise	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease or Heart Birth Defect	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease or Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy or Fainting with exercise or heat	<input type="checkbox"/>	<input type="checkbox"/>	TB
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, Cough or Trouble Breathing with exercise	<input type="checkbox"/>	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones, Torn Ligaments or Joint Sprains	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury, Concussion or Knocked Out
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury, Stinger or Burner
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exhaustion/Stroke
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Regular Medications
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Pulls

Explain: _____

To the best of my knowledge the information given above is true and accurate and grant permission for the physical screening exam. I also understand that the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death.

Parent or Guardian Signature: _____ Athlete's Signature: _____ Date: _____

PHYSICAL EXAM: HT: _____ WT: _____ BP: _____ PULSE: _____

VISION: _____ R: _____ L: _____ Glasses or Contacts: YES NO

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	BACK	<input type="checkbox"/>	<input type="checkbox"/>
NECK	<input type="checkbox"/>	<input type="checkbox"/>	UPPER EXT.	<input type="checkbox"/>	<input type="checkbox"/>
LUNGS	<input type="checkbox"/>	<input type="checkbox"/>	LOWER EXT.	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>	NEURO GROSS	<input type="checkbox"/>	<input type="checkbox"/>
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	HERNIA	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	GU (MALES)	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

From this limited exam I see no reason why this student cannot participate in all athletic competition.

Student is released to Contact Non-Contact Stress Moderate Non-Stress competition because of _____ and needs further evaluation regarding _____

Not cleared for: _____

Reason: _____

Recommendations: _____

Physician : _____ Date: _____

DAVID B. WHEAT, M. D.

CLINTON FAMILY CARE
501 SPRINGRIDGE ROAD
CLINTON, MS 39056
(601) 924-1877

FAA PRIVACY STATEMENT

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a:

The authority for collecting this information is contained in 49 U.S.C. §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 67. The principal purpose for which the information is intended to be used is to identify and evaluate your qualifications and eligibility for the issuance of an airman certificate and/or rating. Submission of the data is mandatory, except for the Social Security Number, which is voluntary. Failure to provide all required information will result in our being unable to issue you a certificate and/or rating. The information collected on this form will be included in a Privacy Act System of Records known as DOT/FAA 847, titled "Aviation Records on Individuals" and will be subject to the routine uses published in the System of Records Notice (SORN) for DOT/FAA 847 (see www.dot.gov/privacy/privacyactnotices), including:

(a) Providing basic airmen certification and qualification information to the public upon request; examples of basic information include:

- The type of certificates and ratings held, limitations, date of issuance and certificate number;
- The status of the airman's certificate (i.e., whether it is current or has been amended, modified, suspended or revoked for any reason);
- The airman's home address, unless requested by the airman to be withheld from public disclosure per 49 U.S.C. 44703(c);
- Information relating to an airman's physical status or condition used to determine statistically the validity of FAA medical standards; and the date, class, and restrictions of the latest physical

Information relating to an individual's eligibility for medical certification, requests for special issuance, and requests for review of certificate denials.

(b) Using contact information to inform airmen of meetings and seminars conducted by the FAA regarding aviation safety.

(c) Disclosing information to the National Transportation Safety Board (NTSB) in connection with its investigation responsibilities.

(d) Providing information about airmen to Federal, State, local and tribal law enforcement agencies when engaged in an official investigation in which an airman is involved.

(e) Providing information about enforcement actions, or orders issued thereunder, to Federal agencies, the aviation industry, and the public upon request.

(f) Making records of delinquent civil penalties owed to the FAA available to the U.S. Department of the Treasury and the U.S. Department of Justice (DOJ) for collection

pursuant to 31 U.S.C. 3711(g).

(g) Making records of effective orders against the certificates of airmen available to their employers if the airmen use the affected certificates to perform job responsibilities for those employers.

(h) Making airmen records available to users of FAA's Safety Performance Analysis System (SPAS), including the Department of Defense Commercial Airlift Division's Air Carrier Analysis Support System (ACAS) for its use in identifying safety hazards and risk areas, targeting inspection efforts for certificate holders of greatest risk, and monitoring the effectiveness of targeted oversight actions.

(i) Making records of an individual's positive drug test result, alcohol test result of 0.04 or greater breath alcohol concentration, or refusal to submit to testing required under a DOT-required testing program, available to third parties, including current and prospective employers of such individuals. Such records also contain the names and titles of individuals who, in their commercial capacity, administer the drug and alcohol testing programs of aviation entities.

(j) Providing information about airmen through the Civil Aviation Registry's Comprehensive Airmen Information System to the Department of Health and Human Services, Office of Child Support Enforcement, and the Federal Parent Locator Service that locates noncustodial parents who owe child support. Records in this system are used to identify airmen to the child support agencies nationwide in enforcing child support obligations, establishing paternity, establishing and modifying support orders and location of obligors. Records listed within the section on Categories of Records are retrieved using Connect: Direct through the Social Security Administration's secure environment.

(k) Making personally identifiable information about airmen available to other Federal agencies for the purpose of verifying the accuracy and completeness of medical information provided to FAA in connection with applications for airmen medical certification.

(l) Making records of past airman medical certification history data available to Aviation Medical Examiners (AMEs) on a routine basis so that AMEs may render the best medical certification decision.

(m) Making airman, aircraft and operator record elements available to users of FAA's Skywatch system, including the Department of Defense (DoD), the Department of Homeland Security (DHS), DOJ and other authorized Federal agencies, for their use in managing, tracking and reporting aviation-related security events.

(n) Other possible routine uses published in the Federal Register (see Prefatory Statement of General Routine Uses for additional uses (65 F.R. 19477-78). For example, a record from this system of records may be disclosed to the United States Coast Guard (Coast Guard) and to the Transportation Security Administration (TSA) if information from this system was shared with either agency when that agency was a component of the Department of Transportation (DOT) before its transfer to DHS and such disclosure is necessary to accomplish a DOT, TSA or Coast Guard function related to this system of records.