

*This Sports Health Questionnaire may only be used for students who received a valid sports physical during the 2019-20 school year (one completed on or after April 15, 2019). A school may require a student to have a valid physical exam.*

## 2020-21 MHSAA SPORTS HEALTH QUESTIONNAIRE



Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Last Sports Qualifying Physical Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check Yes or No for each question.**

Since your last complete Sports Qualifying Physical Exam with your physician, **HAVE YOU HAD ANY OF THE FOLLOWING?**

	YES	NO
1. Has a doctor ever restricted or denied your participation in sports for any reason without clearing you to return to sports?	___	___
2. Do you have a heart condition or has a doctor ever told you that you had an abnormal heart test (e.g., ECG, echocardiogram)?	___	___
3. In the last year, have you ever passed out or nearly passed out during or after exercise?	___	___
4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	___	___
5. In the last year, did your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	___	___
6. In the last year, did you get light-headed or feel more short of breath than expected during exercise?	___	___
7. In the last year, have you had an unexplained seizure?	___	___
8. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?	___	___
9. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death <u>before age 35</u> (including an unexplained drowning or an unexplained car accident)?	___	___
10. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	___	___
11. In the last year, has anyone in your immediate family been diagnosed with a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	___	___
12. In the last year, has anyone in your immediate family <u>before age 35</u> had a heart problem, pacemaker, or implanted defibrillator?	___	___
13. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	___	___
14. In the last year, has a doctor restricted or denied your participation in sport due to a serious injury or medical condition without clearing you to return to sports?	___	___

**Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches and/or athletic director to know (attach additional notes if space below does not allow for complete comments). Schools may require a student to have a valid physical exam at their discretion.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not know of any existing physical or additional health reasons that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Guardian or 18-Year-Old Signature

Student Signature

Date

**FOR ATHLETIC DIRECTOR USE: A YES answer to any of the above questions requires a physical exam from a MD, DO, NP, PA prior to participation.**

\_\_\_ INFORMATION IS COMPLETE

\_\_\_ STUDENT REQUIRES FOLLOW-UP

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, ACSM, AMSSM, AOSSM, AOASM; AAP, 2019

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

### EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18 YEAR OLD

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

