<u>This Sports Health Questionnaire may only be used for students who received a valid sports physical during the 2019-20 school year</u> (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

MHS

Date	/			michigan high school athletic ass	ociation		
	9		Birth Date	//			
	eSchool			_,			
Phone	e	Date of Last Sports 0	Qualifying Physical Exam	//			
		Check Yes or No for each que					
	Since your last complete Sp	ports Qualifying Physical Exam with your physic	cian, <u>HAVE YOU HAD ANY OF TH</u>		NO		
1.	Has a doctor ever restricted or denie	ed your participation in sports for any reason withou	It clearing you to return to sports?	YES	NO		
2.	Do you have a heart condition or ha	is a doctor ever told you that you had an abnormal h	heart test (e.g., ECG, echocardiogra	am)?			
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 un	explained seizure?					
8.	In the last year, has anyone in your	immediate family died suddenly and unexpectedly f	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</u> age 35 (including an unexplained drowning or an unexplained car accident)?						
10.	In the last year, has anyone in your	immediate family had instances of unexplained fain	ting, seizures, or near drowning?				
11.	myopathy (HCM), Marfan Syndrome	immediate family been diagnosed with a genetic he e, arrhythmogenic right ventricular cardiomyopathy (lymorphic ventricular tachycardia (CPVT)?	eart problem such as hypertrophic c (ARVC), long or short QT Syndrome	ardio- ∍, Brugada 			
12.	In the last year, has anyone in your	immediate family before age 35 had a heart probler	m, pacemaker, or implanted defibril	lator?			
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?						
	and/or athletic directed	ease note below any health concerns, medicatio or to know (attach additional notes if space belo ols may require a student to have a valid physic	w does not allow for complete co		.es - -		
		f any existing physical or additional health reasons wers to the above questions are true and accur	ate and I approve participation in		-		
FOR		S answer to any of the above questions require			articipati		
	INFORMATION IS COM	PLETE	STUDENT REQUIRES F	OLLOW-UP			
	Reference: Preparticipatio	on Physical Evaluation (Fifth Edition): AAFP, AA	AP, ACSM, AMSSM, AOSSM, AOA	SM; AAP, 2019			
		(DETACH HERE IF NEEDED TO ACCOMPANY S	TUDENT-ATHLETE)				
	EMERGENCY	INFORMATION: COMPLETED BY PARENT	or GUARDIAN or 18 YEAR O				
c		Grade: Doctor:)			
S							
		Home #: ()	Cell #: (_)			
IEME		Home #: () Home #: ()					
I EME	RGENCY (2):		Cell #: (_))			



- h.

MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or18 year old

There are FOUR (4) signatures on this page (4) to be completed by student, parent/guardian and/or 18-year-old

Student Name:	last		first	middleinitial
Student Address: _	street		city	zip
Gender: M	F Age:Date of Birth:_		Place of Birth (City/State):	
School:			Grade:	
Father/Guardian Na	ime:			
Phone (home):		(work):	(cell):	
Mother/Guardian Na	ame:			
Phone (home):		(work):	(cell):	
Email Address: Pare	ent/Guardian/18-Year-Old:			

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18 YEAR OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received** concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

Signature of STUDENT:	Date:
Signature of PARENT or GUARDIAN or 18-YEAR-OLD:	Date:
INSURANCE STATEMENT	
Our son/daughter will comply with the specific insurance regulations of the school district.	
The student-athlete has health insurance: YES NO	
If YES, Family Insurance Co:Insurance ID #:	
Additionally, I hereby state that, to the best of my knowledge, my answers to the medical health questions (see reverse)	are complete and correct.
3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD:	Date:
(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)	
MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18 YEAR	OLD
I,, an 18-year-old, or the parent orguardian of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for m	
care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to a	
Signature of PARENT or GUARDIAN or 18-YEAR-OLD:	Date: