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.

Jale	2020: /		JESTIONNAIRE	michigan high school athletic	association
lam	e	Age	Birth Date		/
		Sport(s)			
	ess				
hor	ne	Date of Last Sports Qu	ıalifying Physical Exam	/	<u>/</u>
	Since your last complete Sports	Check Yes or No for each quest Qualifying Physical Exam with your physicial			
1.	Has a doctor ever restricted or denied you	ır participation in sports for any reason without c	learing you to return to sports?	YES	NC
2.	Do you have a heart condition or has a do	octor ever told you that you had an abnormal hea	art test (e.g., ECG, echocardiogra	m)?	
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) duri	ing exercise?		_
6.	In the last year, did you get light-headed c	or feel more short of breath than expected during	g exercise?		
7.	In the last year, have you had an unexplai	ned seizure?			_
8.	In the last year, has anyone in your imme	diate family died suddenly and unexpectedly for	no apparent reason?		
9.	In the last year, has any family member or age 35 (including an unexplained drowning	r relative died of heart problems or had an unexp g or an unexplained car accident)?	oected or unexplained sudden de	ath <u>before</u> ——	
10.	In the last year, has anyone in your immer	diate family had instances of unexplained faintin	g, seizures, or near drowning?		
11.	In the last year, has anyone in your immed myopathy (HCM), Marfan Syndrome, arrhy Syndrome, or catecholaminergic polymorp	diate family been diagnosed with a genetic heart ythmogenic right ventricular cardiomyopathy (AF ohic ventricular tachycardia (CPVT)?	t problem such as hypertrophic ca RVC), long or short QT Syndrome	ardio- , Brugada ——	_
12.	In the last year, has anyone in your immer	diate family <u>before age 35</u> had a heart problem,	pacemaker, or implanted defibrilla	ator?	_
13.	In the last year, have you had a head injur or memory problems?	ry or concussion that still has symptoms like con	tinuing headaches, concentration	problems	
14.	In the last year, has a doctor restricted or clearing you to return to sports?	denied your participation in sport due to a seriou	us injury or medical condition with	out	
	and/or athletic director to k	note below any health concerns, medications know (attach additional notes if space below ay require a student to have a valid physical	does not allow for complete co		hes
		existing physical or additional health reasons to the above questions are true and accurate			<u> </u>
	Parent or Guardian or 18-Year-Old S	Signature Student Signa	ature .	Date	_
FO	R ATHLETIC DIRECTOR USE: A YES ans	wer to any of the above questions requires a	physical exam from a MD, DO	NP, PA prior to	partic
FO	R ATHLETIC DIRECTOR USE: A YES ans	, , ,	physical exam from a MD, DO	•	partio
FO	INFORMATION IS COMPLETE	, , ,	STUDENT REQUIRES F	OLLOW-UP	partic
FO	INFORMATION IS COMPLETE Reference: Preparticipation Phy	<u> </u>	STUDENT REQUIRES F	OLLOW-UP	
FO	INFORMATION IS COMPLETE  Reference: Preparticipation Phy	sical Evaluation (Fifth Edition): AAFP, AAP, (DETACH HERE IF NEEDED TO ACCOMPANY STUI	STUDENT REQUIRES F ACSM, AMSSM, AOSSM, AOAS DENT-ATHLETE)	OLLOW-UP SM; AAP, 2019	
	INFORMATION IS COMPLETE  Reference: Preparticipation Phy	Sical Evaluation (Fifth Edition): AAFP, AAP, (DETACH HERE IF NEEDED TO ACCOMPANY STUD  DRMATION: COMPLETED BY PARENT O	STUDENT REQUIRES F ACSM, AMSSM, AOSSM, AOAS DENT-ATHLETE)	OLLOW-UP SM; AAP, 2019	
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I EMI	Reference: Preparticipation Phy  EMERGENCY INFO  Student:  ERGENCY (1):	Sical Evaluation (Fifth Edition): AAFP, AAP,  (DETACH HERE IF NEEDED TO ACCOMPANY STUD  DRMATION: COMPLETED BY PARENT o Grade: Doctor:	STUDENT REQUIRES F  ACSM, AMSSM, AOSSM, AOAS  DENT-ATHLETE)	OLLOW-UP SM; AAP, 2019  D )	

Allergies:\_



## MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

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

Signature of PARENT or GUARDIAN or 18-YEAR-OLD:



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

Date:

Student Name:	last	first	middle initial
		mst	middleimidai
Student Address:	street	city	zip
Gender: M F A	Age:Date of Birth:	Place of Birth (City/State):	
School:		Grade:	
Father/Guardian Name:			
Phone (home):	(work):	(cell):	
Mother/Guardian Name:			
		(cell):	
Email Address: Parent/Guardia	an/18-Year-Old:		
		ENT or GUARDIAN or 18 YEAR OLD CONS	
he information submitted herein i oncussion educational inform		y/my child's signature below, I/we acknowledge that	
urther, in consideration of my/m	y child's participation in MHSAA-sponsor tics is purely voluntary; that such activ	ed athletics, I/we do hereby agree, understand, ap vities involve physical exertion and contact and skI/we assume; and that I/we agree to, and hereby v	preciate, and acknowledge: I that there is inherent risk of
urther, in consideration of my/m nat participation in such athle ersonal injury associated with ctions, or causes of action agains ffiliates based on any injury to me hild's participation in an MHSAA we understand that I am/we are e bove student to engage in interso	y child's participation in MHSAA-sponsor tics is purely voluntary; that such active participation in such activities, which rist the MHSAA, its members, officers, repres, my child, or any person, whether because sponsored sport.  xpected to adhere firmly to all established a holastic athletics and for the disclosure to the stable of the stable of the disclosure to the stable of the stable	ed athletics, I/we do hereby agree, understand, ap vities involve physical exertion and contact and	preciate, and acknowledge: If that there is inherent risk of vaive any and all claims, suits, losses attorneys, insurers, volunteers, and luring or arising in any way from my/n  I/we hereby give my consent for the RPA and HIPAA for the purpose of
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