MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE _____/_____/_____

Name _____ Age ____ Birth Date_____/_____/ _____

Grade ____ School_____ Sport(s)_____

Address _____

Phone _____ Date of Last Sports Qualifying Physical Exam (SQPE) _____/_____/ _____

Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.

IN THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:

	YES	NO
1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?	☐	☐
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR		
2. In the last year, have you passed out or nearly passed out *during* or *after* exercise?	☐	☐
3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
4. In the last year, does your heart race or skip beats (irregular beats) during exercise?	☐	☐
5. In the last year, do you get light-headed or feel more short of breath than expected during exercise?	☐	☐
6. In the last year, have you had an unexplained seizure?	☐	☐
IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR		
7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?	☐	☐
8. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)?	☐	☐
9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	☐	☐
10. In the last year, has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?	☐	☐
11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?	☐	☐
MEDICAL RISK QUESTIONS IN THE LAST YEAR		
12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	☐	☐

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.

_____

_____

_____

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_____

I do not know of any existing physical or additional health reason 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 Legal Guardian Signature	Athlete Signature	Date

Athletic/Activity Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

_____

_____

_____

SQPE Due_____ / _____/_____ **CLEARED FOR SPORTS: YES** ☐ **NO** ☐

Reference: Preparticipation Physical Evaluation (Fourth Edition): AAFP, AAP, AMSSM, AOSSM, AOASM ; AAP, 2010.

Revised 4/17/19