

MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE ____/____/____
 Name _____ Male Female 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR | | |
| 2. In the last year, have you passed out or nearly passed out <i>during or after</i> exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last year, does your heart race or skip beats (irregular beats) during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last year, do you get light-headed or feel more short of breath than expected during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last year, have you had an unexplained seizure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the last year, has anyone in your immediate family developed hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT Syndrome, short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the last year, has anyone in your immediate family been diagnosed with Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR | | |
| 13. Have you had infectious mononucleosis (mono) within the last month?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. In the last year, have you had numbness, tingling, weakness in, or inability to move your arms or legs after being hit or falling?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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.

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