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 before 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 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 before age 35 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 of 18-YEAR-OLD

Student:_____Grade: _____ Doctor: _____ Phone: (_____)_____

IN EMERGENCY (1):_____Home #: (_____)_____Cell #: (_____)_____

IN EMERGENCY (2):_____Home #: (_____)_____Cell #: (_____)_____

Drug Reactions:_____Current Medications: _____

Allergies:_____

michigan high school athletic association

MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/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

Student Name: _____
last first middle initial

Student Address: _____
street city zip

Gender: ___ M ___ F Age:___ Date of Birth:_____ Place of Birth (City/State):_____

School:_____ Grade:_____

Father/Guardian Name: _____

Phone (home):_____ (work):_____ (cell):_____

Mother/Guardian Name: _____

Phone (home):_____ (work):_____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old:_____

STUDENT, 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.

(1) Signature of **STUDENT**:_____ Date: _____

(2) 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 OF 18-YEAR-OLD

I,_____, an 18-year-old, or the parent or guardian of_____, recognize that as a result 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 my consent for emergency medical 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 assume the expenses of such care.

(4) Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**:_____ Date: _____