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.

Date	2020	0-21 MHSAA SPORTS HEALTH	QUESTIONNAIRE	MHSA	A		
	e	Age	Birth Date	1	1		
Grade	e School	Sport(s)	Diffi Date		_'		
Addre	ess			· · · · · · · · · · · · · · · · · · ·			
	e		Qualifying Physical Exam	i			
		Check Yes or No for each que	·	 -	<u> </u>		
	Since your last complete Sports	Qualifying Physical Exam with your physic					
1.	Has a doctor ever restricted or denied yo	our participation in sports for any reason withou	ut clearing you to return to sports?	YES —	NO —		
2.	Do you have a heart condition or has a d	octor ever told you that you had an abnormal l	heart test (e.g., ECG, echocardiogr	am)?	_		
3.	In the last year, have you ever passed ou	ut 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, flutte	er in your chest or skip beats (irregular beats) o	during exercise?				
6.	In the last year, did you get light-headed	or feel more short of breath than expected dur	ing exercise?				
7.	In the last year, have you had an unexpla	ained seizure?		_			
8.	In the last year, has anyone in your imme	ediate 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 imme	ediate family had instances of unexplained fain	ting, seizures, or near drowning?	_			
	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.			n, pacemaker, or implanted defibril	lator?	Politica		
	In the last year, has anyone in your immediate family before age 35 had a heart problem, pacemaker, or implanted defibrillator? 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 clearing you to return to sports?	ious injury or medical condition with	nout				
	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 I certify that the answers	existing physical or additional health reason to the above questions are true and accura	ons that would preclude participa ate and I approve participation in	ition in sports. athletic activition	es.		
	Parent or Guardian or 18-Year-Old	Signature Student Sig	ınature	Date			
···							
FOR	ATHLETIC DIRECTOR USE: A YES ans	swer to any of the above questions requires	s a physical exam from a MD, DO		participation		
	Reference: Preparticipation Phy	ysical Evaluation (Fifth Edition): AAFP, AA	P, ACSM, AMSSM, AOSSM, AOA	SM; AAP, 2019			
		(DETACH HERE IF NEEDED TO ACCOMPANY ST	'UDENT-ATHLETE)				
		ORMATION: COMPLETED BY PARENT					
S		Grade: Doctor:		CONTRACTOR OF STREET			
			-				
N EMERGENCY (1):			Cell #: (_)	 -		
N EMERGENCY (2):							
		Home #: (Cell#: (_		-		



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

			and an array of the
Student Name:			
	ast	first	middle initial
Student Address:	street		<u> </u>
Gandor M		city	zip
		Place of Birth (City/State):	
School:		Grade:	
Father/Guardian Name:			
Phone (home):	(work):	(cell):	
Phone (home):	(work):	(cell):	
Email Address: Parent/G	uardian/18-Year-Old:		
The information submitted by	orginistruthfult-th-th-th-th-th-	ARENT OF GUARDIAN OF 18 YEAR OLD CONS	ENT (LINE)
concussion educational in	ereims truthluito the best of my knowledge. I I formation that meets Michigan Departn	By my/my child's signature below, l/we acknowledge that nent of Health and Human Services and MHSAA requi	l/we have received
urther, in consideration of	my/my child's participation in MHSAA-spo	insured athletics. Have do hereby and a series	
ctions, or causes of action a	gainst the MHSAA its members officers re	crisk I/we assume; and that I/we agree to, and hereby w	aive any and all claims, suits, losses,
ffiliates based on any injury hild's participation in an Mi		presentatives, committee members, employees, agents, ause of inherent risk, accident, negligence, or otherwise, d	attorneys, insurers, volunteers, and uring or arising in any way from my/my
,, p	to a copolitor ad aport.		
		ned athletic policies of my school district and the MHSAA. I to the MHSAA of information otherwise protected by FER	
etermining eligibility for inte	rscholastic athletics. My child has my perm	ission to accompany the team as a member on its out-of	-town trips.
Signature of ST	UDENT:		Date:
	RENT or GUARDIAN or 18-YEAR-OLD:_		Date:
	ins	URANCE STATEMENT	
	mply with the specific insurance regul		
	nealth insurance: YES		
		Insurance ID #:	
dditionally, I hereby state	e that, to the best of my knowledge, m	y answers to the medical health questions (see re	(Area) are complete and correct
3 Signature of PAR	RENT OF GUARDIAN OF 18-VEAR OUD:	,	verse) are complete and correct.
		EEDED TO ACCOMPANY STUDENT-ATHLETE)	
	DICAL TREATMENT CONSENT: CO	OMPLETED BY PARENT or GUARDIAN or 18 Y	/FAR OLD :
nletic participation, medical treate	an 18-year-old, or the page	arent orguardian of d further recognize that school personnel may be unable to contact	recognize that as a result of
		a furrier recognize that school personnel may be unable to contact as may be deemed necessary under the then-existing circumstances	
4 Signature of PAR	ENT or GUARDIAN or 18-YEAR-OLD:	_	Date: