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:

1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? ............... YES NO

IN THE LAST YEAR, 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? .......................................................... YES NO
3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? ........................................ YES NO
4. In the last year, do you get light-headed or feel more short of breath than expected during exercise? ................................. YES NO
5. In the last year, have you had an unexplained seizure? ........................................................................................................... YES NO

IN THE LAST YEAR, IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR

6. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? ...................... YES NO
7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason before age 35 (including an unexplained drowning or an unexplained car accident)? .......................................................... YES NO
8. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? ........ YES NO
9. 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? .......................................................................................... YES NO
10. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator? ... YES NO
11. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? ..................................................................................................... YES NO

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 ☐


Revised 4/17/19