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.

Data	2020)-21 MHSAA SPOR	TS HEALTH QUESTI	ONNAIRE	WHEN	忍 ,
	<i>J</i>	Aπe		Birth Date	inchgarlogh ichnal aildeir.	antal en
Grade	School		(s)	Diffit Date		
			(3)			· · · · · · · · · · · · · · · · · · ·
			of Last Sports Qualifying	Physical Exam	1	1
			No for each question,			*
	Since your last complete Sports			YOU HAD ANY OF THE	FOLLOWING?	
1. Has a	a doctor ever restricted or denied yo	our participation in sports for	any reason without clearing v	ou to return to sports?	YES	NO
	ou have a heart condition or has a d			·)?	
	last year, have you ever passed ou			, ,	,	
	last year, have you had discomfort			e?⁻		
	last year, did your heart race, flutte	-			and the same of th	
	last year, did you get light-headed				18-48	
	last year, have you had an unexpla		,			
	last year, has anyone in your imme		and unexpectedly for no appar	rent reason?	(constants)	
9. In the	last year, has any family member o	or relative died of heart prob	lems or had an unexpected or		h <u>before</u>	
	e last year, has anyone in your imme	•	,	on as poor descentage		
11. In the	last year, has anyone in your imme	ediate family been diagnose	d with a genetic heart problem	such as hypertrophic care	dio-	
myop Syndi	athy (HCM), Marfan Syndrome, arrl ome, or catecholaminergic polymor	nythmogenic right ventricula rphic ventricular tachycardia	r cardiomyopathy (ARVC), Ion (CPVT)?	ng or short QT Syndrome, i	Brugada	
12. In the	last year, has anyone in your imme	ediate family <u>before age 35</u> l	had a heart problem, pacemal	ker, or implanted defibrillat	or?	
13. In the	last year, have you had a head injuency problems?	ury or concussion that still h	as symptoms like continuing h	eadaches, concentration p	problems	-
14. In the cleari	last year, has a doctor restricted or ng you to return to sports?	r denied your participation ir	sport due to a serious injury	or medical condition withou	ut	
Par	ents or Legal Guardians: Please and/or athletic director to Schools n	know (attach additional n	ncerns, medications, or aller otes if space below does no ave a valid physical exam at	t allow for complete com	ant for the coac ments).	hes
	I do not know of any I certify that the answers	existing physical or addits to the above questions a	ional health reasons that wo re true and accurate and I a	ould preclude participation pprove participation in a	on in sports. thletic activities	s .
-						
P	arent or Guardian or 18-Year-Old	Signature	Student Signature		Date	_
[50B ATI						
PORAIN	LETIC DIRECTOR USE: A YES an INFORMATION IS COMPLET			al exam from a MD, DO, N STUDENT REQUIRES FO		particip
L						
	Reference: Preparticipation Ph					
		- (DETACH HERE IF NEEDED	TO ACCOMPANY STUDENT-AT	HLETE)		
, n	EMERGENCY INF	ORNATION: COMPLET	ed by parent of guar	RDIAN OF 18 YEAR-OLI	D ₁₁ , 12, 2, 2, 1, 1, 1	
	t:					
	CY (1):					
	CY (2):		•			
rug iteaciior	s:	Current	wedications;			



MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or18 year old

Signature of PARENT or 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

_Date: _

Student Name:		first	middle initial
idst		1115(middle initial
stree	et	city	zíp
Sender: M F Age:_	Date of Birth:	Place of Birth (City/State):	
School:	700 MAA - Rock (1	Grade:	
ather/Guardian Name:	TO STATE OF THE ST		
hone (home):	(work):	(cell):	
/lother/Guardian Name:			
Phone (home):	(work):	(cell):	
Email Address: Parent/Guardian/18	3-Year-Old:		
t participation in such athletics sonal injury associated with part ions, or causes of action against the	is purely voluntary; that such activities it ipation in such activities, which risk I/we MHSAA, its members, officers, representativ	letics, I/we do hereby agree, understand, appr involve physical exertion and contact and t eassume; and that I/we agree to, and hereby wa yes, committee members, employees, agents, at	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, an
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