2022-2023 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name _____ **Birth Date** ___/___/_____ **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:

Athlete Health Questionnaire

		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?	☐	☐
	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?	☐	☐
3.	In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
4.	In the last year, does your heart race or skip beats (irregular beats) during exercise?	☐	☐
5.	In the last year, do you get light-headed or feel more short of breath than expected during exercise?	☐	☐
6.	In the last year, have you had an unexplained seizure?	☐	☐
	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?	☐	☐
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 35 (including an unexplained drowning or an unexplained car accident)?	☐	☐
9.	In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	☐	☐
10.	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?	☐	☐
11.	In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator?	☐	☐
	MEDICAL RISK QUESTIONS IN THE LAST YEAR		
12.	In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	☐	☐
13.	In the last year, have you had COVID-19 illness with trouble breathing; persistent chest pressure; confusion; inability to stay awake; high fever for more than 4 days; pale, gray, or blue-colored skin, lips, or nail beds; or hospitalization and not been approved for return to sports by a physician?	☐	☐

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
_____	_____	_____

Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

_____

_____

_____

SQPE Due _____/_____ / _____ **MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES ☐ NO ☐**

Supplemental Mental Health Screening Questions (may be cut from form before submitting)

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, please see your provider)

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, AMSSM, AOSSM, AOASM, AAP, 2019.

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