2023-24 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name		Birth Date	1 1	Date / /			
Grade	School		Sport(s)				
Addres	 S						
Phone			s Qualifying Phys	sical Exam (SQPE)/	1		
	<u>Check</u> Yes or No box	es for each question or <u>Circl</u>	e question numbers	s for which you cannot answer.			
				physician or your Year 2 Annual Health			
	nnaire, <u>HAVE YOU HAD ANY CHAN</u> Health Questionnaire	IGES TO THE FOLLOWING C	<u>20E3110N3</u> :				
					YES	NO	
	IMPORTA	NT HEART HEALTH QUEST	ÓNS ABOUT YOU I				
2. In t	he last year, have you passed out or	nearly passed out during or aft	er exercise?	·····			
	In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? In the last year, does your heart race or skip beats (irregular beats) during exercise?						
	In the last year, do you get light-headed or feel more short of breath than expected during exercise?					H	
6. In tl	he last year, have you had an unexpla	ained seizure?					
7 1.0.4		EART HEALTH QUESTIONS		-			
	 In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? 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)?					П	
9. In tl	he last year, has anyone in your imme	ediate family had instances of u	unexplained fainting,	seizures, or near drowning?			
	he last year, has anyone in your imme						
				drome, or catecholaminergic polymorphic			
	,		a heart problem, pa	acemaker, or implanted defibrillator?			
12. In tl	he last year, have you had a head inju			nuing headaches, concentration problems			
				-			
	he last year, have you had COVID-19 n fever for more than 4 days; pale, gra			ssure; confusion; inability to stay awake;			
						П	
						_	
	Parents or Legal Guardians: F	•		tions, or allergies that may be important	t		
		for the coaches or athletic	activities director t	to know.			
l do r		dditional health reason that wo are true and accurate and I a		ation in sports. I certify that the answers to in athletic activities.	the abo	ove	
	Parent or Legal Guardian Signate	ire	Athlete Signature			Date	
	Activities Di	ector Notes: (a YES an	swer to any of	the questions above			
		clearance note from a					
SODE				R SPORTS PARTICIPAITON: YES			
JULE	Due/ /	WEDICALLT		SFORTS FARTICIPATION. TE	<u> </u>		
Suppler	nental Mental Health Screening C	Questions (may be cut from	form before subm	nittina)			
Over th	e past 2 weeks, how often have y						
Feeling	nervous, anxious, or on edge	0 1	eral days Over 2	r half the days Nearly every d 3	ay		
	ng able to stop or control worrying	-	2	3			

0 2 3 1 (If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, please see your provider)

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

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Little interest or pleasure in doing things

Feeling down, depressed, or hopeless

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