## MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE _	111							
Name			M/F	Age	_ Birth Date	/	<i>I</i>	
Grade	School		Spo	ort(s)				
\ddress _								
Phone _		Date	of Last Sports Qu	ualifying Physical	Exam (SQPE)	/	<i>I</i>	
N THE LAS	ST YEAR, since your la	or No boxes for each quist complete Sports QuINY CHANGES TO THE	ıalifying Physical Ex	cam with your physic	-			
In the I     In the I	ast year, have you pass ast year, have you had ast year, does your hea ast year, do you get light ast year, have you had IMP ast year, has anyone in mogenic right ventricular tachycardia?	estricted your participation IMPORTANT HEART Head out or nearly passed discomfort, pain, tightness trace or skip beats (irrestant headed or feel more sland unexplained seizure? DRTANT HEART HEALT your immediate family of member or relative diecexplained drowning, an your immediate family by the state of the service of t	HEALTH QUESTIONS out during or after ex ss, or pressure in you egular beats) during explain the form of breath than explained of heart problems or unexplained car accided instances of unexplained and instances of unexplained instances of unexplained age 50 had a healt RISK QUESTIONS sion that still has symptons.	S ABOUT YOU IN THI tercise? In chest during exercise the pected during exercise DUT YOUR FAMILY If expectedly for no apparate had an unexpected completed for sudden Infant plained fainting, seizu hypertrophic cardiomy e, Brugada Syndrome exert problem, pacemal IN THE LAST YEAR botoms like continuing I	E LAST YEAR  e?  N THE LAST YEAR  arent reason?  runexplained sudder  t Death Syndrome)?  res, or near drowning opathy, Marfan Synd e, or catecholaminerg  ker, or implanted defi	n death  g? rome, ic polymorphic brillator?	YES	<b>2</b> 0 00000 0 00 00 0
	Parents or Legal Gu	ardians: Please note be for the coa	-	cerns, medications, vities director to kno	-	y be importan	t	
I do not I		ysical or additional healt questions are true and	h reason that would p	reclude participation i	n sports. I certify that			
	Parent or Legal Guard	an Signature	-	Athlete Signatur	re	D	ate	
		Activity Director N quires a clearance				ove		
							_	_
SQPE Du	ie//			CLE	ARED FOR SPC	RTS: YES	· 🔲 N	10 <u> </u>