1. Are electronic signatures acceptable on the Health Questionnaire?  
   Yes. See MHSAA Handbook Interpretations 16 and 17.

2. Can a school still require selected students or all students to receive a complete physical exam?  
   Yes.

3. Can a parent still require their child to receive a complete physical exam?  
   Yes.

4. Does a valid physical exam from 2019-20 apply to students in any grade (5-11) and then the Health Questionnaire will meet the requirement for participation in 2020-21?  
   Yes. If a student received a valid sports physical exam during the 2019-20 school year (one completed on or after April 15, 2019), they may complete the Health Questionnaire for 2020-21.

5. Does the new 2020-21 Health Questionnaire apply to the fall, winter and spring seasons?  
   Yes. If a student received a valid sports physical exam during the 2019-20 school year (one completed on or after April 15, 2019), they may complete the Health Questionnaire for 2020-21 for all seasons.

6. Do schools still need to have the Health Questionnaire on file in the school prior to practicing, as is the case with the physical?  
   Yes.

7. What if the school cannot confirm that a valid sports physical exam exists from the 2019-20 school year (one completed on or after April 15, 2019)?  
   If the school cannot confirm that a valid sports physical exam exists from the 2019-20 school year, the student needs to have a new sports physical exam for 2020-21.

8. Does a new student (incoming 9th grade or transfer student) need to produce their 2019-20 valid physical exam (along with their 2020-21 Health Questionnaire) to the new school athletic director prior to practicing?  
   Yes.

9. Will a valid 2019-20 physical exam from another state, province or another school district be permitted along with a completed Health Questionnaire?  
   Yes.

10. In 2020-21, what occurs if the school discovers a student participated in a contest without a valid physical from 2019-20 and/or a completed 2020-21 Health Questionnaire?  
    Once discovered, the student is ineligible from further competition until the documents are submitted to the school. In 2020-21 only, forfeiture of contests will not be required. However, the student may not participate any further without the completion of either document.

11. What if a parent or student refuses to sign and complete the Health Questionnaire?  
    If a student or parent refuses to sign and complete the Health Questionnaire, the student may not participate in athletic practices or competitions until the Health Questionnaire or a valid sports physical exam is submitted.

12. Where can I find more information about MHSAA Examinations?  
    See the MHSAA Handbook Regulation I, Section 3, Interpretations 16-20.
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.

2020-21 MHSAA SPORTS HEALTH QUESTIONNAIRE

Date ______/_____/______

Name __________________________ Age _______ Birth Date ______/_____/______

Grade _______ School _______ Sport(s) _______

Address _______________________

Phone _________________________ Date of Last Sports Qualifying Physical Exam ______/_____/______

Check Yes or No for each question.

Since your last complete Sports Qualifying Physical Exam with your physician, HAVE YOU HAD ANY OF THE FOLLOWING?

1. Has a doctor ever restricted or denied your participation in sports for any reason without clearing you to return to sports? YES ______ NO ______

2. Do you have a heart condition or has a doctor ever told you that you had an abnormal heart test (e.g., ECG, echocardiogram)? YES ______ NO ______

3. In the last year, have you ever passed out or nearly passed out during or after exercise? YES ______ NO ______

4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? YES ______ NO ______

5. In the last year, did your heart race, flutter in your chest or skip beats (irregular beats) during exercise? YES ______ NO ______

6. In the last year, did you get light-headed or feel more short of breath than expected during exercise? YES ______ NO ______

7. In the last year, have you had an unexplained seizure? YES ______ NO ______

8. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? YES ______ NO ______

9. 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)? YES ______ NO ______

10. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? YES ______ NO ______

11. In the last year, has anyone in your immediate family been diagnosed with a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? YES ______ NO ______

12. In the last year, has anyone in your immediate family before age 35 had a heart problem, pacemaker, or implanted defibrillator? YES ______ NO ______

13. 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 ______

14. In the last year, has a doctor restricted or denied your participation in sport due to a serious injury or medical condition without clearing you to return to sports? YES ______ NO ______

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches and/or athletic director to know (attach additional notes if space below does not allow for complete comments). Schools may require a student to have a valid physical exam at their discretion.

I do not know of any existing physical or additional health reasons 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 Guardian or 18-Year-Old Signature __________________________ Student Signature __________________________ Date ______/_____/______

FOR ATHLETIC DIRECTOR USE: A YES answer to any of the above questions requires a physical exam from a MD, DO, NP, PA prior to participation. YES ______ INFORMATION IS COMPLETE STUDENT REQUIRES FOLLOW-UP ______

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

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: __________________________ Grade: _______ Doctor: __________________________ Phone: _______

IN EMERGENCY (1): Home #: (______ ) Call #: (______ )

IN EMERGENCY (2): Home #: (______ ) Call #: (______ )

Drug Reactions: __________________________ Current Medications: __________________________

Allergies: __________________________
MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

There are FOUR (4) signatures on this page to be completed by student, parent/guardian and/or 18-year-old

Student Name: ____________________________
last first middle initial

Student Address: ____________________________
street city zip

Gender: M F Age: ______ Date of Birth: ___________ Place of Birth (City/State): ___________

School: ____________________________ Grade: ______

Father/Guardian Name: ____________________________

Phone (home): ____________________________ (work): ____________________________ (cell): ____________________________

Mother/Guardian Name: ____________________________

Phone (home): ____________________________ (work): ____________________________ (cell): ____________________________

Email Address: Parent/Guardian/18-Year-Old: ____________________________

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I/am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: ____________________________ Date: ____________

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________ Date: ____________

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO
If YES, Family Insurance Co: ____________________________ Insurance ID #: ____________________________

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical health questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________ Date: ____________

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18 YEAR OLD

I, ____________________________, an 18-year-old, or the parent or guardian of ____________________________, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________ Date: ____________