NDHSAA 2020-21 ANNUAL SPORTS HEALTH QUESTIONNAIRE - FORM B

DATE	<u>:</u>	_/_	/	Name			Age	Birth Date _	1	_/	
Grade	.	s	chool _	Name		Sport(s)					
Addre	ess .										
Phone	e _				_ Date of I	Last Sports Qualif	fying Physica	al Exam (SQPE) /	/	
			<u>Ch</u>	neck Yes or No boxes fo	or each quest	tion or <u>Circle</u> questi	ion numbers fo	or which you can	not answer.		
				ce your last complete S	ports Qualif	ying Exam with you	r physician, <u>H</u>	AVE YOU HAD A	NY CHANGES	TO THE	
FULLU	<u> </u>	NG W	UESTION	<u>15:</u>							
			Questio		b a 4 b a u	the seed of the fe	"	-0 (Oirele rees	\		
Over u	:ne ¡	past .	2 weeks,	, how often have you b		red by any of the fol Several days			oonse.) arly every da	W	
Feelin	ıq n	ervol	us. anxio	us, or on edge	0	1	2	-	3	у	
Not be	eing	g able	to stop	or control worrying	0	1	2		3		
Little in	inter	rest o	or pleasu	re in doing things	0	1	2		3		
Feelin	ıg do	own,	depress	ed, or hopeless	0 the sum of r	1	2 iona 1 8 2 or 1	0 0 4 ara >2 nla	3	= ===vidor)	
				(11 t	ine sum or n	responses to questi	IONS I & Z UI (3 & 4 are ∠o, pre	ase see you		ES NO
										_	
1.	In t	the las	st year, ha	as a doctor restricted your	r participation	n in sports for any rea	son without cle	aring you to return	to sports?	L	
2.	In t	the las	st vear, ha	ave you passed out or ne							
				ave you had discomfort, p							
4.	In t	the las	st vear, do	oes your heart race or ski	in beats (irrec	rular beats) during ex	ercise?			[
				o you get light-headed or							
				ave you had an unexplain	ned seizure?						
			•	IMPORTANT HE	EART HEALT	TH QUESTIONS ABO	OUT YOUR FAI	MILY IN THE LAS	ST YEAR	_	
8.	3. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before									th before	
	_		_	an unexplained drowning							- -
10.	In tl arrh	the las	st year, ha nogenic riç	as anyone in your immedi as anyone in your immedi ght ventricular cardiomyol ardia?	liate family be ppathy, long or	een diagnosed with hy or short QT Syndrome	ypertrophic card e, Brugada Synd	liomyopathy, Marfa drome, or catechol	an Syndrome, laminergic poly	/morphic	_
			-	as anyone in your immedi							
			•		MEDICAL	L RISK QUESTIONS	IN THE LAST	YEAR			
			-	ave you had a head injury ms	•	• •		-			
F	?are	ents	or Lega	l Guardians: Please n	note below	any health conce	rns, medicati	ions, or allergie	s that may l	be importa	ant
				for th	e coaches	or athletic/activiti	ies director to	o know.			
				,							
I do no	nt kn	nw of	anv exist	ing physical or additional	health reaso	n that would preclude	narticipation in	sports. I certify th	nat the answer	s to the abo	
			•	curate and I approve part		•	, paraorpano.	1 opene. 1 cc,	idi ilio diloni.	0 10 110 02 2	•
questio	ЛΙЭ ε	aie ii	JE and ac	surate and rapprove part	llCipation in a	unenc activities.					
Parent	or L	Legal	Guardian	Signature		Athlete Signature			Date		
						-					
			_			vities Director					
	ć	a YE	S answe	er to any of the questi	ions above	requires a cleara	ince note froi	m a physician p	prior to parti	cipation.	
2205			,	' OLEAD			\(\tau_{\text{\tint{\text{\tin}\text{\tex{\tex				
SQPE	טט ג	Je	1	/ CLEAR	ED FOR SP	OK15:	YES 🗀	ио□			