

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE  
QUESTIONNAIRE  
And  
CONSENT & RELEASE CERTIFICATE



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: \_\_\_\_\_

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student's sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student's parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative ('Yes'), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Last IHSAA Pre-Participation Physical Examination \_\_\_\_\_

Since the last pre-participation physical examination, has your son/daughter:

- 1. Been medically advised not to participate in a sport? Yes \_\_\_ No \_\_\_
- 2. Been diagnosed with COVID-19? Yes \_\_\_ No \_\_\_
- 3. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes \_\_\_ No \_\_\_
- 4. Fainted or "blacked out?" Yes \_\_\_ No \_\_\_
- 5. Experienced chest pains, shortness of breath, "racing heart" or had any heart issues? Yes \_\_\_ No \_\_\_
- 6. Had a history of unusual fatigue or unusual tiredness? Yes \_\_\_ No \_\_\_
- 7. Been hospitalized or had surgery? Yes \_\_\_ No \_\_\_

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student's participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student (X) \_\_\_\_\_

Printed \_\_\_\_\_