ATHLETIC CLEARANCE INFORMATION

2026-2027 SCHOOL YEAR

About Athletic Clearances

- Your Athletic Clearance must be reviewed and approved by our Athletic Trainers before you participate in athletics in any way. This includes but is not limited to off season conditioning, tryouts, and preseason practices. Even if all sections show "Completed", it does not mean you are cleared. You will receive an email confirmation, and the "Status" column of your clearance will change to "Cleared" when your clearance has been approved.
- Physicals and other documents are valid for one calendar year (other than your EL1 and Birth Certificate, which remain valid throughout your high school career). It is **strongly** recommended that your physical screening be valid for the entire school year (i.e., completed between the end of May and the beginning of the school year).

Get Started Here

https://www.homecampus.com/login

Detailed instructions are on the following pages.

What's New

Starting in 2025, the first three pages of **Form EL2** (Preparticipation Physical Evaluation) should ***not*** be submitted to the school. They should be completed and retained by your healthcare provider and/or by the parent or guardian, but they should not be uploaded to Home Campus. **Only Page 4 should be uploaded.** This page contains emergency contact information, eligibility certification, and shared emergency information that is necessary for coaches and trainers to know so that they can provide onsite first response care. However, it does not contain the more detailed medical history used to establish fitness to participate, which is between you and your healthcare provider.

The Electrocardiogram Screening requirement introduced by OCPS in 2021 has been added statewide starting with the 2026-2027 school year. As such, OCPS is adopting the new statewide FHSAA form **EL1**. If you already completed the OCPS version, you do not need to complete the new EL1 form, but if you have never completed an Electrocardiogram Screening since beginning high school, or if your previous screening indicated the need for annual follow-up screenings, then you should use the new **Form EL1**.

The final page of the old Form EL2 has been separated into its own form, **EL1/2S**. This form is only required if your medical provider completing either Form EL1 (Electrocardiogram Screening) or EL2 (Preparticipation Physical Evaluation) has referred you to a specialist for follow-up evaluation.

As of 2022, Orange County Public Schools requires participants in JROTC, Competitive Dance, Marching Band, and Guard to complete the same athletic clearance as FHSAA-sanctioned sports teams.

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Anthony Williams, Principal · **Bobby Biaggi,** Athletic Director · **Madeline Leazard,** Head Athletic Trainer

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All athletic clearances are completed online. ***It is not necessary for you to turn in hard copy forms to the Athletic Training staff unless one of the special situations described below applies to you.*** Forms **EL1** (one time only, along with the provider's test result) and **EL2** (every year, last page only) are the only forms you should need to print, take to a medical professional, get signed or stamped, and upload to the Athletic Clearance system. The other forms are available for you to download and review, but ***you do not need to print them, fill out and sign the hard copy, or upload them***. There is an electronic signature form at the end of the process that covers all of them. The EL1 and EL2 forms are included at the end of this document for your convenience, or you may download them from the Athletic Clearance website or get them from the school office.

Non-Traditional & International Students and Academic Eligibility

Students in the following situations may require additional forms to be completed. Click here for details.

- Students who have previously attended another high school
- Home, Charter, Private, Virtual, Alternative, or Special School Students
- Youth Exchange Students, International Students, or Immigrant Students
- Freshmen and Sophomores whose cumulative GPA has fallen below 2.0

Items to Gather Before You Begin

It is easiest if you already have the files needed ready to upload before you start. However, you can leave uploads blank, save your work, and return if you need to add information later (see "Revising a Clearance"). All information is saved when you move to the next page, but your clearance will not be approved until all required items have been submitted.

- Your completed **EL1 Electrocardiogram Screening and the results printout/email from your provider** (if EL1 or the equivalent OCPS form was not completed in a prior year).
- Your completed **EL2 Physical Form, Page 4**. You may turn this into a PDF using a scanner or phone.
- **Proof of Insurance**. You may take a screen shot of your electronic insurance card from your insurance company's web portal or upload a photo of your physical card. If you do not have insurance, OCPS provides coverage while participating in FHSAA sanctioned sports. OCPS does not provide coverage for other activities or off-season conditioning, but supplemental coverage is available.
- **Birth Certificate**. This is required the first time you register to participate in athletics. It verifies that you are an appropriate age to participate in high school athletics and will remain so for the rest of your high school career.
- **NFHS Learn Certificates** from each required online course (Concussions, Heat Illness, Sudden Cardiac Arrest, and Sportsmanship). These must be renewed every year. See below for more details.
- If any of the items in the "Non-Traditional & International Students and Academic Eligibility Issues" section above apply to you, you may need additional forms and documentation. Click here for details.

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There is one file upload slot for each of the bullets indicated above. To consolidate multiple forms or multiple pages of the same form into a single file, you may use scanner software on your computer if it supports this feature, or an Apple/Android phone app such as Adobe Scan, Office Lens, or Genius Scan. View additional help.

Instructions for Completing Athletic Clearance Electronically

1. Go to **https://www.homecampus.com/login**
   You may reuse the same account for all students in the same household and for all years in high school.
   - If you already set up an account for a previous year or for another student residing in your household, log in using that same account. This is critical for moving existing documents and information forward. Use the Forgot Password link if you need help, or contact Madeline.McGuire@ocps.net who can assist with a password reset.
   - If you do not yet have an account, click the Create an Account button at the bottom of the Login section and complete the registration form. **DO NOT USE AN EMAIL ADDRESS ENDING IN @students.ocps.net BECAUSE THESE ACCOUNTS CANNOT RECEIVE MAIL FROM EXTERNAL SYSTEMS.**
2. Click the **Start Clearance Here** button.
3. Select the state **Florida**, the school **Wekiva (Apopka)**, the year **2026-2027**, and the sport. If you wish to be cleared for multiple sports, click **Additional Sport** to create more dropdowns. If you later decide to try out for another sport you did not initially select, your clearance can still be copied after it is submitted.
4. Complete the **Student** section as indicated. The first time you complete the form, you will need to type all the responses. If you are completing the form again for an additional sport, or you have a saved record from a previous clearance, you may use the **Choose Existing Student** dropdown to autofill the form with the same details you provided before; however, please note that you must manually re-answer the **Grade**, **Insurance Information**, and **Education History** questions each time. Click Save to continue.
   - Always answer **Yes** for "Is the student covered by insurance?". If you do not have insurance, OCPS provides coverage while participating in FHSAA sanctioned sports. (Select "My child/ward is covered by his/her school's activities medical base insurance plan.) For other activities or off-season conditioning, supplemental coverage is available for purchase.
5. Complete the **Parent/Guardian** form as indicated. Like the student section, you can use the "Choose Parent/Guardian" dropdown to auto-fill most of the form if you have a saved record from a previous clearance; otherwise, you will need to type the responses. If your student-athlete's household(s) do not have two parents or guardians, click the "N/A" box to remove that section of the form. If the parent/guardian does not have a cell number, list the best number to reach that individual during the daytime. Please make sure you are supplying the **adult's** contact information, not the student's. **Do not use a students.ocps.net email address.**
6. Make your desired selection on the Offer form regarding whether you would like a college recruiting profile to be set up for you and/or participate in Athlete to Athlete.

7. Complete the **Medical** form as indicated. Many of these questions may duplicate information you already answered in the **EL2** Physical form; however, it is still necessary to collect it here so that it can be used to prepare your digital **Emergency Card** for our athletic trainers. You may download a blank copy of the EL2 Preparticipation Physical Evaluation from this page if you have not already done so. (This is the same form included at the end of this document for your convenience.) Again, the first three pages are to be retained by you and/or your medical provider – **do not upload them**. Upload only the last page.
8. Indicate whether you attended Wekiva last year or, if not, the name of the school you did attend on the **Additional Questions** step.
9. On the **Signatures** step, both the student-athlete and the parent/guardian must review several additional consent and acknowledgement forms. You may download these using the links provided to review them and keep a copy; however, **you do not need to sign and upload a hard copy**. You already provided the insurance information requested by the Off-Season Release and EL3 forms in the Student section. Simply type your name (either student or parent/guardian as indicated) in the box below each form.
    - FHSAA Form EL3 (five forms)
    - OCPS Participation and Removal Procedures for Extracurricular and Cocurricular Activities
    - OCPS Annual Sports and Selected Activity Participation
    - OCPS Off-Season Release
    - OCPS Summer Participation
    - Wekiva Student-Athlete Contract
    - Statement of Consent (Parent/Guardian Only)
10. Drag and drop, click to upload, or use the Choose Existing button for each of the following:
    - **EL1 – ECG Screening Form** – A new upload is only required if you have never completed an ECG screening in high school, or if your provider previously indicated the need for you to have an ECG reassessed annually. You may select your previous OCPS or FHSAA ECG screening from the Choose Existing button if you submitted it using the same account. If you were referred to a specialist, consolidate this form with EL1/2S and upload them both as a single file.
    - **EL2 – Preparticipation Physical** — You and/or your medical provider should retain pages 1-3; do not upload them. Upload only the last page. If you were referred to a specialist, consolidate this form with EL1/2S and upload them together as a single file.
    - **Certificates for each of the required video courses:** FHSAA Concussion Video Certificate, FHSAA Heat Illness Certificate, FHSAA Sudden Cardiac Arrest Certificate, and Sportsmanship Certificate. These need to be renewed each year. Do not select existing files from prior years, but you can select an existing file from the current year if you are adding more sports.
    - **Birth Certificate** – Required the first time you participate in athletics at Wekiva to verify your date of birth and that you meet FHSAA eligibility criteria for age. It should be available to select as an existing file if you submitted it previously under the same account.

- **ECG Report** — This is the actual ECG result from your medical provider that goes with the EL1 you uploaded earlier. If your ECG was completed by Who We Play For, Orlando Health, Advent Health, or Nemours, upload the email you received from the organization in this spot. (Save it as a PDF from your email software.) Otherwise, upload whatever was given to you by your provider. As with the EL1 form, you may use the Choose Existing button to resubmit your previous report unless your medical provided indicated the need to repeat your assessment annually.
- **Proof of Medical Insurance** — This can be a scan/photo of your physical insurance card, or a screen shot of your digital insurance card from your provider's app or website. If you do not have insurance, skip this upload. OCPS provides student accident coverage while participating in FHSAA sanctioned sports. OCPS does not provide coverage for other activities or off-season conditioning, but affordable supplemental coverage is available from School Insurance of Florida.

11. You will receive confirmation of your successful registration. **YOU DO NOT NEED TO PRINT AND SIGN THIS FORM OR TURN IN A HARD COPY TO THE SCHOOL.** You already digitally signed the same statement.

Revising a Clearance

In the following situations, you may need to revise a clearance you previously started:

- You were unable to finish submitting all required information in one sitting.
- You already completed your clearance, but your health information has changed, or your emergency contact details have changed, and you need to update them.
- You submitted an EL2 physical form that was valid at the start of the year but will expire before the end of your last sport's season, so you need to replace that document with a new copy. (Physicals are valid for one year from the date they are completed by a medical professional.)
- You need to upload additional forms that were not required at the beginning of the year. (For example, home school students providing an academic progress report, or a second-semester sophomore completing an Academic Performance Contract after improving grades in the first semester.)

Your clearance will not be approved until all the required information is submitted. Revising your clearance information does not automatically change your clearance status – an uncleared will record stay uncleared, and a cleared record will stay cleared until the head athletic trainer or athletic director reviews your changes and updates the status. If you are making a revision to avoid expiration of a physical or other form, it is critical to notify Madeline.McGuire@ocps.net after replacing the document so that your dates can be updated before your clearance auto-expires. Uploading the document does ***not*** automatically notify our athletic staff that it needs to be reviewed.

Updating your health information on file is important, but it is not a substitute for having a conversation with your coach and the training staff about any circumstances they should be aware of to protect your health. Keep in mind that revising your information does *not* automatically send notifications to coaches or administrators.

To revise a clearance that has already been partially or fully completed:

1. Go to **https://www.homecampus.com/login**
2. Log in using the email address and password you previously established.
3. Click any section of a clearance to return to it. See the corresponding list item above for detailed instructions.

Applying an Existing Clearance to an Additional Sport

It is entirely possible that you may not yet know all the sports for which you intend to try out over the course of the year when you submit your first clearance, but it is easy to add more later. Follow the same steps as when you created your original clearance with the following exceptions:

- In the Student section, use "Choose Existing Student" to auto-fill most of the form.
- In the Parent/Guardian section, use "Choose Existing Parent/Guardian" to auto-fill the form.
- In the Files section, use the "Choose Existing File" button to select files you already uploaded.

Detailed Instructions for NFHS Learn Courses

As per FHSAA Policies 40.1.1, 41.1 and 42.1.1, all student-athletes are required to watch the following **free** NFHS Learn courses **annually**. There is no fee for these courses.

- Concussion in Sports or Concussion for Students
- Heat Illness Prevention
- Sudden Cardiac Arrest
- Sportsmanship

Upon completion, download the certificates for each course to your device. In your Athletic Clearance student-athlete profile, you will attach the certificates in the appropriate space.

How to Order the Courses

1. Go to www.nfhslearn.com.
2. "Sign In" to your account using the e-mail address and password you provided at the time of registering for an nfhslearn account, or, if you do not have an account, "Register" for an account.
3. Click "Courses" at the top of the page.
4. Scroll down to the specific course from the list of courses.
5. Click "View Course".
6. Click "Order Course."
7. Select "Myself" if the course will be completed by you.
8. Click "Continue" and follow the on-screen prompts to finish the checkout process.

Beginning a Course

1. Go to www.nfhslearn.com.
2. "Sign In" to your account using the e-mail address and password you provided at the time of registering for an nfhslearn account.
3. From your "Dashboard," click "My Courses".
4. Click "Begin Course" on the course you wish to take.

For help viewing the course, please contact the help desk at NFHS. There is a tab in the upper-right corner of www.nfhslearn.com, or contact the NFHS Help Desk at (317) 565-2023.

Additional Assistance

If you have further questions or need additional assistance, please contact Bobby Biaggi, our Athletic Director, at Robert.Biaggi@ocps.net, or our head athletic trainer, Madeline Leazard, at Madeline.McGuire@ocps.net.

EL1
Revised 2/26

ELECTROCARDIOGRAM (ECG) SCREENING FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___ /___ /_____

School: _____ Grade in School: _____ Student ID: _____

Parent/Guardian: Review the FHSAA EL3 Consent and Release form for details on Sudden Cardiac Arrest. Per §1006.20, F.S. (Second Chance Act), effective July 1, 2026, all first-time high school participants in FHSAA athletics must have an Electrocardiogram (ECG) screening before participation. This applies to students with no cardiac symptoms. Students with cardiac symptoms should consult their healthcare provider. An ECG completed within two (2) years prior to July 1 of the participation year satisfies this requirement. If the ECG requires further evaluation, the student must be cleared by a licensed medical practitioner trained in the diagnosis, evaluation and management of ECGs before participating in FHSAA athletic competition, practice, tryouts, or workouts.

Please complete only ONE section (Section A or Section B, as applicable)

SECTION A: PARENT/GUARDIAN ATTESTATION (Select one and sign below)

☐ ECG completed by Who We Play For, a hospital in the state of Florida, or another healthcare organization and electronically signed by a licensed physician; attach normal result documentation from health record or the email received from provider.

Date of NORMAL ECG Result: ___/___/___ **Organization Performing ECG:** _____

OR

☐ Medical Exception - Attach FHSAA Form ME1

☐ Religious Objection - I object to an ECG for my child based on religious reasons allowed by law

Parent/Guardian Signature: _____ **Printed Name:** _____ **Date:** ___/___/___

SECTION B: LICENSED PRACTITIONER ATTESTATION - ECG Interpretation by healthcare provider

In accordance with §1006.20(2)(c), F.S., I certify I am a licensed practitioner (Ch. 458, 459, 460, 464.012, 464.0123 F.S. or equivalent) familiar with the "International Criteria for ECG interpretation in student-athletes". If the ECG is normal, complete the section below. If further evaluation is required, the student should be referred to a practitioner trained in the diagnosis, evaluation and management of ECGs.

☐ Normal ECG (no additional evaluation required)

☐ Normal variant ECG based on the International Criteria (no additional evaluation required)

☐ Further evaluation by a licensed medical professional is required, and an EL1/2S must be completed

Provider Signature: _____ **Printed Name:** _____ **Date:** ___/___/___

Credentials: _____ **License #:** _____ **Phone:** (_____)_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

If your ECG requires further evaluation and you need help accessing cardiology follow-up care, please visit www.whoweplayfor.org.

Please retain a copy for your records.

PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2

Revised 2/26

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___ /___ /_____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ City/State: _____ Home Phone: (_____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____ Relationship to Student: _____

Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____

Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

List past and current medical conditions:

_____

Have you ever had surgery? If yes, please list all surgical procedures and dates:

_____

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

_____

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

_____

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

	GENERAL QUESTIONS Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No
1	Do you have any concerns that you would like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
	HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		

	HEART HEALTH QUESTIONS ABOUT YOU *(continued)*	**Yes**	**No**
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminerigc polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form is not considered valid unless all sections are complete.

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2

Revised 2/26

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
MEDICAL QUESTIONS		**Yes**	**No**
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS *(continued)*		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ *(printed)* Student-Athlete Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ *(printed)* Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ *(printed)* Parent/Guardian Signature: _____ Date: ___ / ___ / ___

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2
Revised 2/26

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: **Weight:**

BP: / (/) **Pulse:** **Vision:** R 20/ L 20/ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date of exam.

EL2
Revised 2/26

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___ /___ /_____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (_____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

_____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

_____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian:_____ Date: ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test.

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction after clearance by medical specialist for:_____

(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/2S for documentation.)

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

_____

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

This form is not considered valid unless all sections are complete.

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is only required one time if used as a supplement to the EL1.

This form is valid for 365 calendar days from the date of exam if used as a supplement to the EL2.

EL1/2S

Revised 2/26

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM - Referred Provider Form

The Medical Eligibility Supplemental Form is required when a student must obtain further evaluation by a qualified medical specialist prior to clearance for participation in interscholastic athletics.

This form supplements eligibility documentation for referrals originating from either the EL1 - ECG Screening Form or the EL2 - Preparticiption Physical Evaluation. This form documents the specialist's evaluation, recommendations, and clearance status related to the medical concern identified during the initial screening/evaluation.

Completion of all applicable sections by the appropriate specialist is required before athletic clearance may be granted.

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___ /___ /_____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ City/State: _____ Home Phone: (_____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____ Relationship to Student: _____

Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____

Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

☐ Medically eligible for all sports without restriction as of the date signed below

☐ Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

_____

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

_____

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*