



Athletic Clearances

What's New

The most significant recent change is that 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.

Once again, all athletic clearances will be completed online. ***It is not necessary for you to turn in any hard copy forms to the Athletic Training staff.*** Along with Page 4 of Form EL2, the ECG Report is the only other form you should need to print, take to a medical professional, get signed or stamped, and upload to the Athletic Clearance system. (Note that the ECG Report is only required the first time you participate in high school activities unless a previous abnormal result indicated that you should be screened annually.) 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 EL2 and ECG 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.

Like last year, JROTC, Competitive Dance, Marching Band, and Guard require the same athletic clearance as FHSAA-sanctioned sports teams.

Non-Traditional & International Students and Academic Eligibility Issues

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

Important Points

- 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. Just because all sections show "Completed" 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 eligibility forms are valid for one calendar year. It is **strongly** recommended that your physical screening be valid for the entire school year (at the end of May and before the beginning of the school year).

Get Started Here

<https://athleticclearance.fhsaahome.org>

Detailed instructions are on the following pages.

Items to Gather Before You Begin

It is easiest if you already have the needed files 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 **EL2 Physical Form, Page 4 only**. You may turn this into a PDF using a scanner or your phone.
- Your completed **OCPS ECG Form** (if not completed in a prior year) and your results or confirmation email.
- **Proof of Insurance**. You may take a screen shot of your electronic insurance card or upload a photo of your physical card. Most insurance companies have a web portal that you can use to view your card at any time. 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.
- **Certificates** from each required online course ([Concussions](#), [Heat Illness](#), [Sudden Cardiac Arrest](#), and [Policy 36](#)).
- 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](#).

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 here](#).

Instructions for Completing Athletic Clearance Electronically

1. Go to <https://athleticclearance.fhsaahome.org>
(Note: You may reuse the same account for all students in the same household, and for all years in high school.)
 - a. 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. Use the Forgot Password link if you need help logging in.
 - b. 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 year [2024-25], the school [Wekiva (Apopka)], and the sport. If you wish to be cleared for multiple sports, click Add New 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.
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. 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.
7. We do not currently require any data from the **Program Information** step, so it will automatically be skipped.

8. On the **Signatures** step, you must review several additional consent and acknowledgement forms. This step consists of two screens – the first for the student, and the second for the parent/guardian. 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**. The information in the text box is the same as the information in the attached PDF. 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.
 - a. Off-Season Release – Parent/Guardian Only
 - b. Participation in Extracurricular/Co-Curricular Activities – Parent/Guardian and Student
 - c. Procedures for Removal from Participation – Parent/Guardian and Student
 - d. Annual Sports Activity Participation – Parent/Guardian and Student
 - e. FHSAA Form EL3 (four forms) – Parent/Guardian and Student
 - f. Statement of Consent – Parent/Guardian Only
9. Use the “Choose File” buttons next to each of the prompts for:
 - a. **EL2 – Preparticipation Physical** — If multiple pages were needed (i.e., if you needed a referral), consolidate them into a single file and upload it here. [View additional help for consolidating pages here.](#)
 - b. **Certificates for each of the required video courses:** [FHSAA Concussion Video](#) Certificate, [FHSAA Heat Illness](#) Certificate, [FHSAA Sudden Cardiac Arrest](#) Certificate, and [FHSAA Policy 36 Recruiting](#) Certificate.
 - c. **OCPS Cardiology Report** — This is the OCPS-provided form, not the actual ECG results. It can be downloaded using the link provided on the Files page or found after the end of these instructions.
 - d. **3rd Party ECG Report** — This is the actual ECG result from your medical provider to which you attested in the above OCPS report. 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 report was given to you by your provider.
 - e. **ECG Additional Clearance** — This is only required if your initial report produced abnormal findings and you need to attach additional documentation from a cardiology specialist.
 - f. **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. This is optional if you already provided it to Wekiva in a previous school year.
 - g. **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](#).
10. 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://athleticclearance.fhsaahome.org>
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.

Additional Assistance

If you have further questions or need additional assistance, please contact Bobby Biaggi, our Athletic Director, at Robert.Biaggi@ocps.net.



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 signed below.

EL2

Revised 4/24

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 | | | Yes | No | HEART HEALTH QUESTIONS ABOUT YOU | | | Yes | No |
|----------------------------------|----------------------------------------------------------------------------------------------------|--|-----|----|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| HEART HEALTH QUESTIONS ABOUT YOU | | | Yes | No | HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | | Yes | No |
| 1 | Do you have any concerns that you would like to discuss with your provider? | | | | 8 | Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)? | | | |
| 2 | Has a provider ever denied or restricted your participation in sports for any reason? | | | | 9 | Do you get light-headed or feel shorter of breath than your friends during exercise? | | | |
| 3 | Do you have any ongoing medical issues or recent illnesses? | | | | 10 | Have you ever had a seizure? | | | |
| 4 | Have you ever passed out or nearly passed out during or after exercise? | | | | 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) | | | |
| 5 | Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | | 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 catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | |
| 6 | Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | | | 13 | Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | | |
| 7 | Has a doctor ever told you that you have any heart problems? | | | | | | | | |

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



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 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 signed below.*

EL2

Revised 4/24

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

| BONE AND JOINT QUESTIONS | | Yes | No | MEDICAL QUESTIONS (continued) | | Yes | No |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----|----|
| 14 | Have you ever had a stress fracture? | | | 26 | Do you worry about your weight? | | |
| 15 | Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | | | 27 | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 16 | Do you have a bone, muscle, ligament, or joint injury that currently bothers you? | | | 28 | Are you on a special diet or do you avoid certain types of foods or food groups? | | |
| MEDICAL QUESTIONS | | Yes | No | 29 | Have you ever had an eating disorder? | | |
| 17 | Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma? | | | Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | |
| 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? | | | | | | |

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: ___ / ___ / ___



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 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 signed below.*

EL2

Revised 4/24

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 #: _____

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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 signed below.

EL2

Revised 4/24

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: (____) _____

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary)

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

I hereby certify 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 #: _____

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.

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



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider 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: (____) _____

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)*



CARDIOLOGY REPORT: ELECTROCARDIOGRAM (ECG) CLEARANCE

Parents/Guardians: An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. In accordance with [School Board Policy JJ: Extracurricular Activities](#), The School Board of Orange County, Florida is requiring each student athlete wishing to participate in high school athletics to have 1 electrocardiogram (ECG) screening prior to participating in his or her first athletic sport in high school. **The initial ECG may be completed by any licensed physician, including a primary care physician, pediatrician, licensed physician assistant, or certified advanced registered nurse practitioner. If the ECG comes back ABNORMAL, the student may only participate after being cleared by a cardiologist or a pediatric cardiologist.**

STUDENT INFORMATION: (Please Print)

Student Name: _____ Student ID#: _____ DOB: _____

Parent/Legal Guardian Signature Parent/Legal Guardian Name Printed Date

If your ECG was completed by Who We Play For, Orlando Health, Advent Health, or Nemours, you can STOP here. Submit the email you received from the organization to Athletic Clearance, along with the top portion of this form completed. Both the email and this form with the top completed must be submitted.

ECG's performed by a PCP, Urgent Care Center, or Walk-in Clinic must complete the form below

PHYSICIAN INSTRUCTIONS: This form is to be completed by an appropriate health care provider (AHCP) trained in the latest ECG interpretation guidelines. It is recommended to interpret ECG readings based on the International Criteria (<https://uwsportscardiology.org/>). After completing and interpreting the ECG, select the appropriate box below. If the ECG is interpreted as NORMAL, complete the Normal Electrocardiogram Clearance. If the initial ECG is interpreted as ABNORMAL, the student must be referred to a cardiologist. Only a cardiologist can clear a student with an ABNORMAL ECG interpretation.

NORMAL Electrocardiogram Clearance:
(To be completed in full by a licensed physician, PA or ARNP)

I hereby certify that an ECG was performed by myself or an individual under my direct supervision with the following conclusion:

Low Risk/Cleared for Participation

Physician/PA/ARNP Signature Name of Physician/PA/ARNP (print) Date

Stamp of Physician Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____

An ABNORMAL ECG was found and student has been referred to cardiology. Physician name: _____ Date: _____

ABNORMAL Electrocardiogram Clearance:
(To be completed in full by a cardiologist or pediatric cardiologist)

An abnormal ECG screening was found and the student was subsequently evaluated by a cardiologist or pediatric cardiologist.

I hereby certify that the student above has had a cardiac evaluation and is cleared for athletic participation from a cardiac perspective.

Cardiologist/Pediatric Cardiologist Signature Cardiologist/Pediatric Cardiologist Name (Print) Date

Stamp of Cardiology Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____