

# **WELCOME TO CYPRESS CREEK EXTRACURRICULAR**

## **ACTIVITIES!!**

### **2023-24**

This includes: All Athletics, Marching Band, Color/Winter Guard, & NJROTC  
**Activity Selection** determines the information required for clearance.  
There are additional items required for Athletics.

#### **ALL ATHLETICS:**

1. AthleticClearance.com profile ##
2. EL2 – FHSAA physical form 4 pages (dated 4/23)
3. OCPS Cardiology form/ECG Results\*\*(rev. 1/22)
4. NFHS Course Certificates – 3 Total

#### **MARCHING BAND/COLOR/WINTER GUARD/NJROTC**

1. AthleticClearance.com profile ##
2. EL2 – FHSAA physical form 4 pgs (dated 4/23)
3. OCPS Cardiology form/ECG Results\*\*(rev. 1/22)

**##Returning Athletes** will need to switch/rollover information in AthleticClearance.com to the 2023-24 school year platform. This will allow for the ***CONTINUOUS DOCUMENTS*** (EL2@@, OCPS Cardio Form and ECG results) to move to the new school year profile. (**Do not** open a new profile or these documents will not be available.)  
**@@EL2 rollover requires completion of new medical history portion pgs. 1 & 2. Not a new physician visit until expiration.**

**\*\*ECG** - Required once during high school time frame. **ECG Screening must be dated AFTER April 1<sup>st</sup>, 2023 to be accepted for Incoming 9<sup>th</sup> graders. See ECG Instructional Sheet for details.**

Contact Holly Panas-Schuster, LAT, ATC – Head Athletic Trainer via email and that primary information/password resets can be sent to you. [Holly.panas-schuster@ocps.net](mailto:Holly.panas-schuster@ocps.net)

## MOVING PROFILES INTO 2023-24

## RETURNING ATHLETES ONLY

### 1. Get to AthleticClearance.com/Select FL

--- **use your profile username/password from 2022-23.** *Critical for moving existing documents/information forward.* If you do not know your username, email me and I can look up this information and send a reset password or you can ask for help on the AthleticClearance.com website.

### 2. Start new Clearance.

-- Select 2023-24/Cypress Creek Orlando/Sport Selections for 2023-24 -- NEXT

### 3. Choose Existing Student from dropdown menu.

-- **Change Grade Level**

-- Review information for Address/Contact info/Email for you --- SAVE & CONTINUE

### 4. Choose Parent/Guardian Information

-- Review information for correct numbers/emails/people

-- Emergency Contact person – should be a primary parent/guardian over the age of 18.

### 5. Answer Recruiting Question -- SAVE & CONTINUE

### 6. Update Medical History -- SAVE & CONTINUE

### 7. Complete Signature Section – First Student then Parent.

### 8. FILES

-- Choose **EXISTING FILE** for physical (valid for calendar year) or **BROWSE** for new attachments.

-- **EXISTING FILES** –*Move EL2 (only if within a calendar year of completion), OCPS Cardiology form, 3<sup>rd</sup> party ECG documents – under the proper title. MUST UPLOAD NEW MEDICAL HISTORY PAGES FROM EL2 (dated 4/23) if using physical on file. \*\*\* **Anyone CLEARED for previous years**, the documents for OCPS Cardiology/ECG Screening should already be available for your profile or on file in your Athletic folder. You are able to submit an additional ECG clearance as warranted by MD.*

9. **NFHS CERTIFICATES FOR 2023-24** – Concussion in Sports, Heat Illness Prevention, Sudden Cardiac Arrest – required annually.

10. **GO BACK TO HOME** – Check files that you have uploaded for accuracy.

11. **SAVE & CONTINUE;** Scroll down -- **Submit for Review.**

Questions/Issues: Holly Panas-Schuster, Head Athletic Trainer

[holly.panas-schuster@ocps.net](mailto:holly.panas-schuster@ocps.net)

*\*Plan to submit information by 2 weeks prior to start dates to allow for processing and issues.*



## 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 4/23

### MEDICAL HISTORY FORM

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

Student's Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ 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<br>(continued) |   | 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?  |     |    |
| HEART HEALTH QUESTIONS ABOUT YOU |  | Yes | No | HEART HEALTH QUESTIONS ABOUT YOUR FAMILY        |   | Yes | No |
| 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 4/23

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## 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 4/23

### PHYSICAL EXAMINATION FORM

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_

#### PHYSICIAN 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? |   |



- ☐ 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  |                     |   |
|--|---------------------|---|
| <b>Height:</b> _____ <b>Weight:</b> _____  |                     |   |
| <b>BP:</b> ____ / ____ ( ____ / ____ )   | <b>Pulse:</b> _____ | <b>Vision:</b> R 20/____ L 20/____ <b>Corrected:</b> Yes No |
| MEDICAL - healthcare professional shall initial each assessment  | NORMAL              | ABNORMAL FINDINGS   |
| Appearance <ul style="list-style-type: none"><li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li></ul> |                     |   |
| Eyes, Ears, Nose, and Throat <ul style="list-style-type: none"><li>Pupils equal</li><li>Hearing</li></ul>  |                     |   |
| Lymph Nodes  |                     |   |
| Heart <ul style="list-style-type: none"><li>Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)</li></ul>  |                     |   |
| Lungs  |                     |   |
| Abdomen  |                     |   |
| Skin <ul style="list-style-type: none"><li>Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis</li></ul>   |                     |   |
| 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 <ul style="list-style-type: none"><li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li></ul>  |                     |   |

**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 4/23

### MEDICAL ELIGIBILITY FORM

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

Student's Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ 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: (\_\_\_\_) \_\_\_\_\_

- ☐ 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 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 (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 4/23

*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: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

**Provider Stamp (required by school)**

# ECGs Screening – Electrocardiograms

## \*\*Required for ALL Extracurricular Activities 2023-24

### WHO:

Incoming 9<sup>th</sup> athletes/participants are required to have this form **dated after April 1, 2023.**

\*\*Returnees to CCHS Athletics from 2022-23 – If you were ***cleared*** for participation in 2022-23, you have completed this portion of your documentation. Should be a continuous documents as you have moved forward for your profile in AthleticClearance.com to 2023-24.

### What you submit:

***\*Clearance documentation required ONCE during high school participation.*** You are able to update this form yearly but it is only required once.

Findings need to **NORMAL/LOW RISK** – and can be verified by your physician. Information is submitted in Box #1.

Findings that are **BORDERLINE OR ABNORMAL**, require additional evaluation by a cardiologist for medical clearance. Physician uses Box #2.

## Options for Completion

**Private Physician** -- will be able to help you with obtaining this procedure. It will need to be verified by that physician and documented on the Cardiology Report: Electrocardiogram (ECG) document needs to be completed in its entirety by the physician completing this reading. Stamped address for the facility.

**\*Who We Play For** – a nonprofit group that performs this service for area athletes – will have a variety of opportunities at area high schools where you are able to complete this procedure. This group provides the findings directly to you and your parent/s, you would ***upload the full email confirmation*** letter of low risk findings to your AthleticClearance.com profile **along with the Cardiology Report from the packet.**

You would locate a site that fits into your timetable, schedule an appointment/payment directly with [WhoWePlayFor.org](http://WhoWePlayFor.org) and complete their registration process. Cost \$20.

**Other groups: Advent Health, Nemour's, Orlando Health** also offer this service. **Requires full email upload confirmation along with OCPS Cardiology form signed by parent.**

**\*\*Make sure that you allow enough time between the evaluation/summary of findings and your participation with any sport/activity. You will have your clearance DENIED until this is resolved.** Particularly if there are issues with your ECG findings. Your physician and Who We Play For will work with you on investigating any abnormal findings.



# OCPS 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 titled 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/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's Name: (Print): \_\_\_\_\_ Student ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

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.

### #1 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

\_\_\_\_\_  
Name of Physician/PA/ARNP (print)

\_\_\_\_\_  
Signature of Physician/PA/ARNP

\_\_\_\_\_  
Date

Stamp of Physician Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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

### #2 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.

\_\_\_\_\_  
Name of Cardiologist/Pediatric Cardiologist (print)

\_\_\_\_\_  
Signature of Cardiologist/Pediatric Cardiologist

\_\_\_\_\_  
Date

Stamp of Cardiology Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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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**.

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

**\*\*Upon completion, download the certificates for each course to the desktop on your laptop/computer. In your AthleticClearance.com student-athlete profile, you will attach the certificates in the appropriate space then hit 'UPLOAD FORMS' lower in that column. Recheck to make sure your forms attached. If issues with this process, you can print out the documents/come to 3-105J or email them to [holly.panas-schuster@ocps.net](mailto:holly.panas-schuster@ocps.net) and they will be attached through the CCHS portal.**

### **How to Order the Courses:**

Step 1: Go to [www.nfhslearn.com](http://www.nfhslearn.com).

Step 2: “**Sign In**” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “**Register**” for an account.

Step 3: Click “**Courses**” at the top of the page.

Step 4: Scroll down to the specific course from the list of courses.

Step 5: Click “View Course”.

Step 6: Click “**Order Course.**”

Step 7: Select “**Myself**” if the course will be completed by you.

Step 8: Click “**Continue**” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for these courses.)

### **Beginning a Course**

Step 1: Go to [www.nfhslearn.com](http://www.nfhslearn.com).

Step 2: “**Sign In**” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “**Dashboard,**” click “**My Courses**”.

Step 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 on the upper right hand corner of [www.nfhslearn.com](http://www.nfhslearn.com). If you should experience any issues while taking the course, please contact the NFHS Help Desk at (317) 565-2023.

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# ATHLETIC CLEARANCE Instructions

**\*\* Required Digital Profile for all Athletics, Band/Color Guard, ROTC and Dance teams.**

1. Visit [AthleticClearance.com](https://AthleticClearance.com)
2. Select Florida (change language, if necessary)
3. A. **First Time Users: Create an Account.** Complete Account Registration.  
B. **Return Users:** Enter login information and click “Sign In” -- using your email address that you registered with initially. **If forgotten, use help button – “forgot password/forgot username.”** Try to avoid opening a new profile, the continuous files will not be available for review. You will need to move information to the 2023-24 athletic season.

**\*\*PARENTS/GUARDIANS register with a valid email username and password.**  
**Student-related emails will result in denied clearance.**

1. Select “**Start Clearance Here**” to start the process. (Change language as needed).
2. Choose:
  - 2023-24 School Year
  - Select school at which the student attends/competes for.
  - Select sport/s & activities – **Add all sports/activities to participate at the beginning.**
3. Complete **all required fields** for Student Information, Parent/Guardian Information, Medical History, and Signature Sections. (If you have completed Athletic Clearance previously, there is an **autofill dropdown menu** for Student/Parent/Guardian information. Edit/Review).
4. **File Uploads** into appropriate slot.
  1. EL2 (physical form 4 pages, dated 4/23)
  2. OCPS Cardiology Form \*\*
  3. 3<sup>rd</sup> Party ECG Results \*\*

**Athletics – EL2, OCPS Cardio Form, ECG results, and 3 NFHS Course Certificates.**

**\*\*Returning student/athletes** – if you were cleared for participation previously, the OCPS Cardiology Form and ECG forms should be on file from the previous year, stored in continuous documents within your original profile. If you made a NEW ACCOUNT, this information will not be available to transfer.

**Scan your documents into a file and submit a quality/readable upload to the athlete profile. Only jpeg or pdf files are accepted. Not web links.**

Questions for AthleticClearance.com? Use the yellow Help option on the bottom right of the screen.

CCHS Questions: Contact Holly Panas-Schuster, Head Athletic Trainer [holly.panas-schuster@ocps.net](mailto:holly.panas-schuster@ocps.net)  
407/852-3400x6032312

5. Once you reach the **Confirmation Message**, you have reached the end of the online registration process.

6. **The student is not cleared yet!** This data will be electronically filed with your school's athletic department for review. An email notification will be sent once processed through for clearance. Digital Submission are required for all files. **DO NOT BRING TO FRONT OFFICE FOR DROP-OFF.**

## Online Athletic Clearance FAQ

### What is my Username?

Your username is the email address that you registered for AthleticClearance.com.

### How do I register for multiple Sports?

If you know you are going to play multiple sports/activities when registering, it is best to add all sports on the first step where you also select the school year and school. If you are **registering for additional sports after completing your initial clearance** for the year, you will have to complete the process again, not open a new profile. Student & parent/guardian info from the dropdown on those respective pages, the information will autofill. Must recheck medical history items and all signatures.

### Physicals

The physical form your school uses can be downloaded from the Medical History pages.

### Your Files

This area is meant to store your files so they can be accessed later in the year or perhaps years following.

### Why haven't I been cleared?

Your school will review the information you have submitted before clearing you for participation. Once they review your clearance, they will change the status. You will receive an email when you have been cleared for participation. Denial information will be sent to the email on file for the account.

### My sport is not listed!

Ask for your sport to be activated by Robert Biaggi, Athletic Director - [Robert.Biaggi@ocps.net](mailto:Robert.Biaggi@ocps.net)

### I was "Denied" clearance, now what?

You should have received an email with the reason for denial. Likely, there is a reason stated for this issue – forms, signatures, additional MD clearance, gpa, etc. The documents will need to be completed properly and uploaded again for review. **Continued issues –come to 3-105J at lunch or email Coach Panas-Schuster.**

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