

## Cardiology Report: Electrocardiogram (ECG)

In accordance with School Board Policy JJ titled Extracurricular Activities, as part of the high school athletic packets, The School Board of Orange County, Florida is requiring each student athlete wishing to participate in high school athletics to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in high school.

Date: \_\_\_\_\_ Student's Name: (Print) \_\_\_\_\_

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

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

An ECG Screening was completed and evaluated by an outside vendor. Attached is the documentation clearing my child for participation in high school athletics.

The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:

<b><u>Cardiac Clearance:</u></b> <b>(To be completed by a Cardiologist or Pediatric Cardiologist*)</b>		
Low Risk/Cleared for Participation: _____	Higher Risk/Not Cleared for Participation: _____	Date: _____
Cardiologist or Pediatric Cardiologist*: _____ (Print Name) _____ (Signature) _____		
Name of Office: _____		Phone: _____
Address: _____	City: _____	Zip Code: _____

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Phone #

*\*See Section 1006.20(2)(c), Florida Statutes.*