

Athletic Training Program:
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Winter Park High School

Sports Participation Physical Now Online

WPHS transitioned to online physical submission on January 1, 2020. Hard copies will not be accepted.

Reminders:

Allow 2 school days for your eligibility to be processed

Same day clearance is not possible

Preparticipation Physical Evaluation is valid for 365 calendar days from the date on the form

Create Athletic Clearance account using parent email – follow instructions below.

Steps for Turning in Physical Online

1. Take the attached FHSAA EL2 form to the Physician for your physical examination. Make sure the following are completed on the form:
 - a. Page 1 of information is complete and all questions answered on medical history.
 - b. Page 1 is signed at the bottom by the parent and student.
 - c. The Physician completes the exam and signs the form.
 - d. The name of the physician and address are legible. It is ok if this is a stamp.
 - e. Date of the exam is entered.
2. Once completed go to www.AthleticClearance.com and select FL.
3. **Click Register.** PARENTS register (create account) with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact Athletic Clearance to activate your account)
4. Login using your email address that you used to register.
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Football in Sept 2020 would be the 2020-2021 School Year.*
Choose Winter Park
Choose a Sport – you will be able to enter additional sports later.
7. Complete all required fields for the Steps listed below. (If you have gone through the AthleticClearance.com process previously, you will select the Student and Parent/Guardian from the dropdown menu on those pages)
 - Step #1 Student Information: complete all information
 - Step #1 Student Information – Uploads: Upload a scan or picture of the EL2 form pages 1 & 2 – page 3 only if you were referred to a specialist (rare)

All other uploads are optional unless requested.

Step #2 Medical History

Step #3 Parent/Guardian Information

Step #4 Signatures – Parent Signatures are first followed by Student signatures.

Step #5 Donation – The Athletic Training program provides medical supplies to care for Wildcat Athletes is mostly funded by school physicals and donations. If you are able any donation would be greatly appreciated.

8. Once you reach the **Confirmation Message** you have completed the process.
9. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities.
10. All of this data will be electronically filed with your school's Athletic Trainer for **review**. When the student has been **cleared for participation**, an email notification will be sent. **SAVE THIS EMAIL** as it will serve as your clearance to try out. You may either print it out or show the Coach on your phone to be allowed to participate. These emails will be sport specific.

Online Athletic Clearance FAQ

What is my Username?

Your username is the email address that you used to register.

Multiple Sports

Once you complete a clearance for one sport and arrive at the Confirmation Message, you will have the option to check off additional sports/activities for the current school year. PLEASE ONLY CHECK OFF SPORTS YOU KNOW YOU WILL PLAY. Do not just check ones because you are interested in those. If you decide to participate in an additional sport/activity later, you can access the multiple sport check boxes by clicking on "Print" under the Confirmation Message of your original Clearance for that specific year.

Physicals

The physical form your school uses can be downloaded on the Physicals page. Once completed this form can be uploaded under Step #1 Student Information – Uploads.

Valid Physical on File

If you believe you have a valid physical on file, email me at elaine.judy@ocps.net. Let me know if you turned in a hard copy or if you submitted it via our old online platform PlanetHS. I will let you know if it is still valid.

Document Library

This area is meant to store your files so they can be accessed later in the year or perhaps years following. You can either upload your files to the Document Library then apply them to your Clearance on the Physical page OR you can choose/browse for the file on the Physical page and the file will save to the Document Library for future use.

Why haven't I been cleared?

Your school will review the information you have submitted and Clear or Deny your student for participation. You will receive an email when the student is cleared.

My sport is not listed!

Please contact your school's athletic trainer and ask for your sport to be activated.



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Part 1. Student Information (to be completed by student or parent)

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

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

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 medical evaluation required by s.1006.20, Florida Statutes, 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.