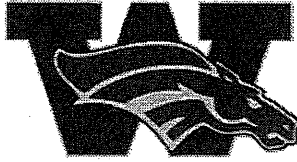


Athletic Physical Check Sheet 2025-2026



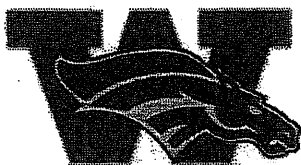
- Complete student-athlete profile registration at:
www.AthleticClearance.com
 - Sign all digital forms:
 - Participation in Extracurricular/Co-Curricular Activities
 - Procedures for Removal from Participation
 - Annual Sports Activity Participation
 - EL3 – Consent and Release from Liability Certificate
 - EL3 – Consent and Release from Liability Certificate for Concussions
 - EL3 – Consent and Release from Liability Certificate for Sudden Cardiac Arrest & Heat-Related Illness
 - EL3 -FHSAA Established Rules and Eligibility

- EL2- FHSAA Physical Form (dated 02/25)**
 - Completed and signed by a doctor.
 - Upload scanned or photo file of ***PAGE 4 ONLY*** to AthleticClearance profile under 'FILES' tab. Pages 1-3 of the EL2 form are to be kept on file with each family or medical provider.
 - If the doctor refers the student for additional evaluation, families must upload the 'PREPARTICIPATION PHYSICAL EVALUATION–SUPPLEMENT' form in addition to page 4 of the EL2.

- ECG Test Results**
 - Upload scanned results and/or documentation to Athletic Clearance profile.
 - **Need to Only Complete One ECG Which Will Suffice for All Four Years in High School**

- OCPS Cardiology (ECG) Form (rev. 4/23)**
 - Upload scanned form to Athletic Clearance profile.
 - Must be completed by a physician unless you attend a **Who We Play For** event.

- NFHS Course Certificates (4)**
 - Includes Concussion in Sport, Heat Illness Prevention, Sudden Cardiac Arrest, and Sportsmanship
 - Directions included below



Athletic Clearance – Online Portal Registration

1. Visit AthleticClearance.com
2. Select Florida
3. First Time Users:
 - Create an Account. PARENTS/GUARDIANS will register with a valid email username and password.
4. Returning Users:
 - Enter login information and click “Sign In” (see next page)
5. Sign In using your email address that you registered with.
6. Select “Start Clearance Here” to start the process.
7. Choose:
 - School Year in which the student plans to participate. Example: Football in August 2025 would be the 2025-2026 School Year.
 - Select WEKIVA HIGH SCHOOL as the school your student attends and will compete at.
 - Sport/s (We recommend that if the student will be participating in multiple sports, that those sports are added all at once).
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable.
9. Once you reach the Confirmation Message you have completed the online registration process.
10. The student is not ‘Cleared’ yet! This data will be electronically filed with your school’s athletic department for review. Once reviewed, the account will receive an email notification stating whether the student is cleared for participation or what could be still missing from their profile.

Rolling Profiles into 2025-26 RETURNING ATHLETES ONLY

1. Go to AthleticClearance.com
 - Select Florida
 - Use your profile username/password from 2024-25. This is *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 2025-26/Wekiva High School/Sport Selections for 2025-26 -- NEXT
3. **Choose Existing Student from the drop down 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 include:**
 - *EL2 (only if within a calendar year of completion),*
 - *OCPS Cardiology form*
 - *3rd 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 2025-26 – 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: email Madeline Leazard, Head AthleticTrainer at madeline.mcguire@ocps.net

Online Athletic Clearance FAQ

What is my Username?

- Your username is the email address that you registered with.

How do I register for multiple Sports?

- If you know you are going to play multiple sports 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. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

What is the 'Physicals' Page?

- This is where you will submit your EL2 physical form for clearance. The physical form can also be downloaded on the Medical History page should you need to access it later. Our school will accept a physical uploaded to this section without a hard copy submission. We do NOT accept hard copy submissions.

What is 'Your Files'?

- This area is meant to store your files so they can be accessed later in the year or perhaps years following. Files do not carry over year to year automatically. You will be asked to click on the files tab when creating a new clearance to carry over your EL2 (athletic physical), birth certificate, and ECG results each year for each clearance submitted.

Why haven't I been cleared?

- The WHS athletic department 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. Please allow 2 business days for a staff member to review.

I was "Denied" clearance, now what?

- You should have received an email with the reason for denial. Please update your clearance accordingly then resubmit your profile for clearance.



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 2/25

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
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				<i>(continued)</i>			
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 of exam.

EL2

Revised 2/25

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 of exam.

EL2

Revised 2/25

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

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 2/25

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 EL2 Page 5 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 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.



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

EL2

Revised 2/25

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, 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://uw.sportscardiology.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)

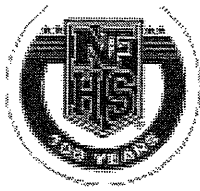
An abnormal ECG screening was found and the student was subsequently evaluated by a cardiologist or pediatric cardiologist.

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: _____



LEARNING
CENTER



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**
- **Sportsmanship**

****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 are attached.**

How to Order the Courses:

Step 1: Go to www.nfhslearn.com.

Step 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.

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.

Step 2: “Sign In” to your account using the e-mail address and password you provided at the 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 or contact the NFHS Help Desk at (317) 565-2023.

