



Athletic Clearances

What's New for 2021-22: Electrocardiogram Screening

As you may know, starting with the 2020-2021 school year, all athletic clearances transitioned to being completed online. *It is no longer necessary for you to turn in any hard copy forms to the Athletic Training staff.* That will remain true for 2021-2022. Most of the forms are the same as last year with one notable exception: OCPs has added a requirement for an electrocardiogram screening. This may be completed at the same time as your annual physical if your medical provider offers it, or it can be completed separately. Unlike the other forms, this test and reporting form is required only **once** for your entire high school career. The initial ECG may be completed by any licensed physician. If the results are abnormal, a cardiologist must provide follow-up clearance after assessing your risk level.

For most students, Form EL2 (Preparticipation Physical Evaluation – 3 pages) and the ECG Report are the **only** forms you need to print out, take to a medical professional, get signed and stamped with real ink, and then upload to the Athletic Clearance system. 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, but you may also download them from the Athletic Clearance website or obtain them from the school office.

You may notice that the Emergency Card is no longer included. This is because the electronic forms already collect all necessary information, and our athletic trainers can access and print them when needed.

Non-Traditional & International Students and Academic Eligibility Issues

Students in the following situations may require additional forms to be completed and uploaded. [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**. You may turn this into a digital PDF using a scanner or your phone.
- **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.
- **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 of the required online courses ([Concussions](#), [Heat Illness](#), and [Sudden Cardiac Arrest](#)).
- 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, except for the EL2 form which can accommodate up to three files (although one consolidated file is preferred). 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 [2021-22], 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**, 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 to the left of 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 you saved each page of the EL2 form as a separate file, upload each page separately using the three buttons under “Upload Physical Form”. If you saved the entire three-page document as a single file (preferred), upload it using the first button, and leave the others blank.
 - b. **OCPS Cardiology Report** — This is the OCPS-provided form, not the actual ECG results. It can be downloaded by clicking the form title or found after the end of these instructions.
 - c. **3rd Party ECG Report** — This is the actual ECG result from your medical provider to which you attested in the above OCPS report. There is no specific form – simply upload whatever your physician provided.
 - d. **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.
 - e. **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.
 - f. **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](#).
 - g. **Certificates for each of the required video courses:** [FHSAA Concussion Video](#) Certificate, [FHSAA Heat Illness](#) Certificate, and [FHSAA Sudden Cardiac Arrest](#) Certificate. (The FHSAA also requests that you view an additional [Concussion for Students](#) video, but there is no certificate upload for this video.)
 - h. **Forms for Nontraditional, International, or Transfer Students** — If any of the items in the “Non-Traditional Students and Students with Academic Contracts” section above apply to you, consolidate them into a single file and upload them using this prompt. ([Click here for details.](#)) Otherwise, you may leave this upload blank.
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 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 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 that you notify Brian.Berg@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 Brian Berg, our head athletic trainer, at Brian.Berg@ocps.net.



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 2 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 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was 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: _____
 ____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 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.

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.

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. **The initial ECG may be completed by any licensed physician, including a primary care physician or pediatrician. If the ECG comes back abnormal, the student may only participate after being cleared by a cardiologist or a pediatric cardiologist.**

Date: _____ Student's Name: (Print) _____

Name of School: _____

Sex: _____ Date of Birth: _____ Age: _____ Grade: _____ Student ID #: _____

- A "normal" ECG Screening was completed and evaluated by a licensed physician or an outside vendor. Attached is the documented ECG clearing my child for participation in High School Athletics.
- An "abnormal" ECG screening was completed and my child was subsequent evaluated by a cardiologist or pediatric cardiologist. The following represents the findings of the licensed cardiologist or pediatric cardiologist after reviewing the ECG Screening results for my child:

Abnormal Electrocardiogram Clearance: **(To be completed by a Cardiologist or Pediatric Cardiologist*)**

Low Risk/Cleared for Participation: _____ Higher Risk/Not Cleared for Participation: _____ Date: _____

Name of 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.*