Cardiology Clearance - Electrocardiogram (ECG)

In accordance with School Board Policy - 5610.05, titled Participation in Extra-Curricular Activities, as part of the High School Pre-Participation Physical, The School Board of Seminole County Florida recommends for the 2021-2022 school year that each student athlete planning to participate in high school athletics receive an electrocardiogram (ECG) screening prior to participating in any high school sport activity. This recommendation will transition to a mandatory screening for participation in 2022-2023. It is recommended that the ECG be performed by a Licensed Pediatric Cardiologist using the International Athlete Criteria.

| Students Name: (p | rint) | | Date: | | | |
|--|--------------------|---|------------------|---|---------------|--|
| Sex: (circle) M / F | DOB: | Age: | Grade: | Student ID#: | | |
| School Name: | | | | _ | | |
| | | npleted and evaluaten high school athleti | | vendor. Attached is the documentar | tion clearing | |
| Care | diac Clearance s | ection must be comp | pleted to accom | pany any at <mark>tached documentatio</mark> n. | | |
| Low Risk | - | Card oe completed by a Li articipation: | • | n or Practitioner*) / Not Cleared for Participation: | _ | |
| | | | | | | |
| Office Name / Ph Address: Phone: | | | City: _ | Zip: | | |
| | | | | Date of Clearance: | | |
| ☐ An ECG scr | reening was com | npleted and evaluate | ed by Who We P | lay For, the SCPS approved vendor. | | |
| | | Cardiac Revie | ew Team Inform | nation: | | |
| Testing Location: | | | | Time: | | |
| On Site Administrator: | | | Date of Test: | | | |
| **Results w | ill be verified by | School Athletic Tra | ining Staff and | the Athletic Department for clearan | ce.** | |
| | | | | | | |
| Parent/Legal Guar | dian Name Print | ed Parent | t/Legal Guardiar | n Signature Parent/Legal Gua | rdian Phone# | |

^{*}See Section 1006.20(2)(c), Florida Statutes.