



Lake Howell Athletics – Online Sports Physical Packet

ALL athletes will need to create an online account at athleticclearance.com to be eligible to participate for the 2022-2023 sports seasons.

You will need to log into your account each school year to be cleared.

In order to complete the process, you will need the following documents available to upload in the system as a PDF file prior to finishing the process. If you uploaded documents last year, the files will be located in your library within your account.

- **Sports Physical (EL2) Completed on the official FHSAA form**
- **Birth Certificate**
- **Parent Driver's License or Government Issued ID Card**
- **GA4 – Transfer Students Only******
- **ECG/EKG “clearance” email or signed form from doctor**



“Transfer Students” are those individuals who did not start the 9th grade at LHHS.

1. Visit www.AthleticClearance.com and choose your state.
2. Watch quick tutorial video (Optional).
3. New Users – Create an account / register by completing all fields.
4. Existing Users – Login using your email address and password.
 - a. If you forgot your password, please click the forget password link. Please do not make a duplicate account.
5. Select “**Start Clearance Here**” to start the process.
6. Select “School Year” = 2022-2023
Select “School” = Lake Howell High School
Select “Sport” = Sport of Choice –

CHOOSE EVERY SPORT YOU THINK YOU WILL TRY-OUT FOR!

Select “Add New Sport” if you are a multi-sport athlete.

***If you are selecting football, please select boys weightlifting and spring football as well. You are REQUIRED to purchase football insurance if your student is covered by the school insurance. Visit www.schoolinsuranceonline.com for more information.**

Complete all required six (6) required fields.

- a. Student Information – please use legal name in Skyward.
 - b. Parent/Guardian Information – Answer all questions, provide necessary information.
 - c. Medical History – Answer all questions, provide necessary information.
 - d. Program Information – Required Files Review.
 - e. Signature Forms – Parent and Student Sections.
 - f. File Uploads – Must have all documents to complete section.
7. Once you reach the **Confirmation Message** you have completed the process.
 8. All of this data will be electronically filed with the LHHS athletic department for **review**. When the student has is **cleared for participation**, an email notification will be sent. Please note this is not the initial email stating you have completed the process. This process could take up to 48 hours to get clearance.

Note: Participation in a program for conditioning, open facilities, tryouts, or practice cannot occur until you have been notified by the athletic department of your clearance status.



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: (____) _____
 Schools Attended: 8th _____ 9th _____ 10th _____ 11th _____

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) for:		
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 Date of Exam ____ / ____ / ____

____ 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.



Seminole County Public Schools Cardiology Clearance - Electrocardiogram (ECG)

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 Seminole County School Board Policy - 5610.05 titled Participation in Extra-Curricular Activities, 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 as part of the High School Pre-Participation Physical prior to participating in any high school sport activity. This recommendation will transition to a required 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: (print) _____ School Name: _____

Sex: (circle) M / F DOB: _____ Age: _____ Grade: _____ Student ID#: _____

Select one of the following two options for screening:

An ECG screening was completed and evaluated by an outside vendor chosen by the student athlete or student's parent/guardian.

Cardiac Clearance: (To be completed by a Licensed Physician or Practitioner*)	
Cleared for Participation: _____	Not Cleared for Participation: _____
Name of Licensed Physician or Practitioner* (Print): _____	
Office Name / Physicians Group: _____	Phone: _____
Address: _____	City: _____ Zip: _____
Physician Signature: _____	Date of Clearance: _____

An ECG screening was completed and evaluated by Who We Play For, Inc., the SCPS approved vendor. I understand there is a \$20 fee for this service payable to my/my child's school.

Cardiac Review Team Information:	
(To be completed by School Athletic Training Staff and the Athletic Department)	
Testing Location: _____	Time: _____
On-Site School Administrator: _____	Date of Test: _____

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

In consideration of the named student athlete being able to participate in the extracurricular activities, I/we do hereby release and hold harmless the School Board of Seminole County, and its officers, employees and assigns; the School District of Seminole County; my/our child's/ward's school; and the school boards, school districts and the schools against which the School Board of Seminole County, Florida, the School District of Seminole County and my/our child's/ward's school competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the athletic activities and open facilities, including pre-participation ECG screening, and agree to take no legal action against the School Board of Seminole County, and its officers, employees or agent because of any accident or mishap arising out of, resulting from or involving the athletic participation, including but not limited to practice or actual competition of my/our child/ward, and pre-participation ECG screening, and agree to take no legal action against the School Board of Seminole County or any officer, employee or agent because of any accident or mishap involving athletic participation and pre-participation ECG screening."

Student/Parent/Legal Guardian Name (Print) **

Student/Parent/Legal Guardian (Signature) **

Student/Parent/Legal Guardian Phone #

Date

**If student athlete is under eighteen (18) years of age, parent/guardian must complete and sign form.

Once complete, please upload this document into your Athletic Clearance Profile.

