



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.