



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://uwsportscardiology.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: _____