

## Seminole County Public Schools – Electrocardiogram (ECG) Screening Clearance Form

An ECG screening (also referred to as an EKG) can help identify young adults who are at-risk for sudden cardiac death that 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 2431, The School Board of Seminole County, Florida requires 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 the physical activity. An ECG screening clearance only needs to be obtained one-time while in high school. An ECG screening can be completed and evaluated by Who We Play For, Inc., the SCPS approved vendor, or may also be performed and evaluated by a Licensed Physician, PA or ARNP of your choice.

## **RELEASE AND WAIVER**

In consideration of the named student athlete being able to participate in the activities listed above, I/we do hereby release and hold harmless the School Board of Seminole County, and its officers, employees and assigns against any and all responsibility or liability of any nature for any injury or claim resulting from the pre-participation ECG screening, and agree to take no legal action against the School Board of Seminole County, or its officers, employees or agents for claims arising out of, resulting from or involving the pre-participation ECG screening.

Student Name: (print):	School Name:
Sex: (circle) M / F DOB: Age:	Grade: Student ID#:
If your ECG was completed by Who We Play For, Inc., Athletic Clearance. <u>You do not need to submit this for</u>	you can STOP here. Submit the email you received from the organization to the rm.
guidelines. It is recommended to interpret ECG readings based interpreting the ECG, select the appropriate box below. If the E	Walk-in Clinic Must Complete the Form Below appropriate health care provider (AHCP) trained in the latest ECG interpretation on the International Criteria ( <a href="https://uwsportscardiology.org/">https://uwsportscardiology.org/</a> ) After completing and CG is interpreted as NORMAL, complete the Normal Electrocardiogram Screening tudent must be referred to a cardiologist. Only a cardiologist can clear a student with an
I hereby certify that an ECG was performed by myself or patient is Low Risk and is Cleared for Participation.	Clearance (To be completed by a Licensed Physician, PA or ARNP) or an individual under my direct supervision and have determined that the
Name of Licensed Physician, PA or ARNP (Print)  Address:  Stamp of Physician Office:	Signature of Licensed Physician, PA or ARNP Date  City: Zip: Phone:
	referred to a cardiologist. Physician Name:Date:
I hereby certify that an ECG was found, and the studen hereby certify that the student above has had a cardiac	t was subsequently evaluated by a cardiologist or pediatric cardiologist. I cevaluation and is cleared for athletic participation.
Name of Licensed Physician, PA or ARNP (Print)	Signature of Licensed Physician, PA or ARNP Date
Address:  Stamp of Cardiologist/Pediatric Cardiologist Office  Output  Description:	City:Zip:Phone:ce:
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 this form.