

Athletic Paperwork Information Sheet

Island Coast High School uses www.athleticclearance.com to process the FHSAA and Lee County School District Mandated paperwork. Below is a step-by-step guide on downloading and submitting this year's paperwork. Please keep in mind:

1. In order to abide by the FHSAA, which regulates interscholastic sports in Florida, every student must upload a copy of their birth certificate before trying out or competing for the first time at Island Coast High School.
2. Every athlete must have health insurance, if you do not have insurance please notify the Athletics Department or go to www.schoolinsuranceofflorida.com to purchase insurance.

The athletic office is here to assist you in becoming a Gator student-athlete; however, we cannot do your work. Make sure you follow the instructions below, fill everything out, and upload the required documents.

Check List

- Go to <https://nfhslearn.com/> and take the following courses: Heat Illness Prevention, Concussion for Students, and Sudden Cardiac Arrest.
 - Go to www.athleticclearance.com. Click on the State of Florida.
 - New users should watch the video, *See How It Works!*
 - New users should register. The register button is located below the login box.
 - o Families with multiple student-athletes only need to create one account.
 - o Enter the correct email address as we will be communicating with you via www.athleticclearance.com.
 - Choose the school year that you will be participating in.
 - Select School, Island Coast High School (Section 3).
 - Choose all the Sports you are interested in and click submit, this will bring you to a page that shows the five-step clearance process.
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Step #1

- Student information
 - o If a student already exists select student under "Student already in the system."
 - o If a student doesn't exist, enter all the information correctly.Insurance, click yes or no.
 - o If yes, enter insurance information correctly.
 - o If not, notify the Athletics Department or go to www.schoolinsuranceofflorida.com to purchase insurance. **A student cannot participate without insurance.**
- Physician Information
 - o Enter all information correctly.
- Education History
 - o Choose the correct description.
 - o If you are transferring from another high school, please click on the ***Affidavit of Compliance with the policies and athletic recruiting & Non-Traditional Student Participation (GA4 form) Downloadable on the Files page (step 6) in AthleticClearance.com***

Step #2

- Parent/Guardian Information
 - o If a parent exists already, choose parent/guardian already in the system and select from the drop-down.
- If you are a new parent please fill out all information correctly, some of this information will be used for the student athlete's emergency cards.

Step #3

- Medical History
 - o Please fill out by choosing yes or no for every question.
- Download the physical (EL2) Form **(there are no exceptions; it must be on this form).**
 - o Print this form out and take it with you to the doctor's office. Make sure the doctor signs and dates the physical before leaving their office.
 - o Once this document is filled out, you will need to upload **page 4 and if referred, page 5** back into www.athleticclearance.com

Step #4

- Student Signatures: Please read each section carefully and sign.
 - o EL3 Consent and Release from Liability
 - o EL3 Consent and Release from Liability Certificate for Concussions
 - o EL3 Consent and Release from Liability Certificate for Sudden Cardiac Arrest
 - o EL3 Consent and Release from Liability for Heat Illness
 - o EL3 FHSAA Established Rules and Eligibility
- Parent/guardian signatures: Please read each section carefully and sign.
 - o EL3 Consent and Release from Liability
 - o EL3 Consent and Release from Liability Certificate for Concussions
 - o EL3 Consent and Release from Liability Certificate for Sudden Cardiac Arrest
 - o EL3 Consent and Release from Liability for Heat Illness
 - o EL3 FHSAA Established Rules and Eligibility

Step #5

- You will need to upload the required documents. You will not be allowed to move past this page until you have completed all the required documentation. You will need to upload the following documents: EL2, EL3, Concussion, Heat Illness, Sudden Cardiac Arrest, Proof of Health Insurance, Transportation Permission, Birth Certificate, and the GA4 form if applicable.
 - o Go to NFHSLearn.com (if you haven't done so already) and take the below courses or click on the links by the required course in Athletic Clearance. Upload the certificates with your first and last name on them, these certificates will need to be done each year:
 - o Concussion for Students - <https://nfhslearn.com/courses/concussion-for-students>
 - o Heat Illness Prevention - <https://nfhslearn.com/courses/heat-illness-prevention-2>
 - o Sudden Cardiac Arrest - <https://nfhslearn.com/courses/sudden-cardiac-arrest>
- Download and fill out all the information on the Transportation form. Every fill-in is required and the form will need to be uploaded before you will be cleared.!

IMPORTANT REMINDERS

1. Upload **page 4 & 5, if referred** of the EL2/physical to www.athleticclearance.com
2. Upload your Birth certificate, US Passport, and or immigration paperwork/ documentation
3. Make sure you filled out all required info on www.athleticclearance.com
4. Upload your three NFHSlearn.com certificates.
5. Upload the fully filled out transportation form.

Step #6

- Once you have completed this process please inform Mrs. Urbanowicz by email- Krisau@leeschools.net so we can clear you and add you to the team(s) you are interested in.

PLEASE NOTE: IF YOU ARE A FOREIGN-BORN STUDENT, HOME SCHOOL, CHARTER SCHOOL, OR FOREIGN EXCHANGE STUDENT, YOU WILL NEED TO CALL OR COME TO ATHLETICS AFTER YOU FINISH THE REGISTRATION/CLEARANCE PROCESS FOR MORE INFORMATION.



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

*This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/23

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS			Yes	No	HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
1	Do you have any concerns that you would like to discuss with your provider?				8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?			
2	Has a provider ever denied or restricted your participation in sports for any reason?				9	Do you get light-headed or feel shorter of breath than your friends during exercise?			
3	Do you have any ongoing medical issues or recent illnesses?				10	Have you ever had a seizure?			
4	Have you ever passed out or nearly passed out during or after exercise?				11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)			
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
7	Has a doctor ever told you that you have any heart problems?								

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

*This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/23

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?						

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___ / ___ / ___



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
*This medical history form should be retained by the healthcare provider and/or parent.
 This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/23

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: _____ **Weight:** _____

BP: ___ / ___ (___ / ___) **Pulse:** _____ **Vision:** R 20/ _____ L 20/ _____ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian: _____ Date: ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___ / ___ / ___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- Medically eligible for all sports without restriction as of the date signed below
- Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / ___

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*

ISLAND COAST HIGH SCHOOL

ACTIVITIES/ ATHLETIC OFFICE- TRANSPORTATION PERMISSION MEMORANDUM

TO: Parent/ Guardian of Island Coast High School Students

Subject: Transportation to Athletic Events/ Practices/ Activities

From time to time, it is necessary to transport students to activities via private vehicles. We need to have on file permission for each student to travel in a private vehicle. Please **initial** the appropriate choice(s) for your child. Parent/ Guardian and the student must sign this form.

_____ 1. Student may ride with a coach/ sponsor.

_____ 2. Student may ride with a sibling.

(By School Board Policy 7.03, a student cannot transport a student other than a sibling.)

_____ 3. Student may ride with another parent.

_____ 4. Student will drive her/ his own car. **(copy of driver license attached and uploaded)**

_____ 5. Student may drive her/ his own car but may not transport a sibling.

Students are NOT permitted to drive to out of County Events.

Student Signature _____

Date _____

Parent Signature _____

Date _____