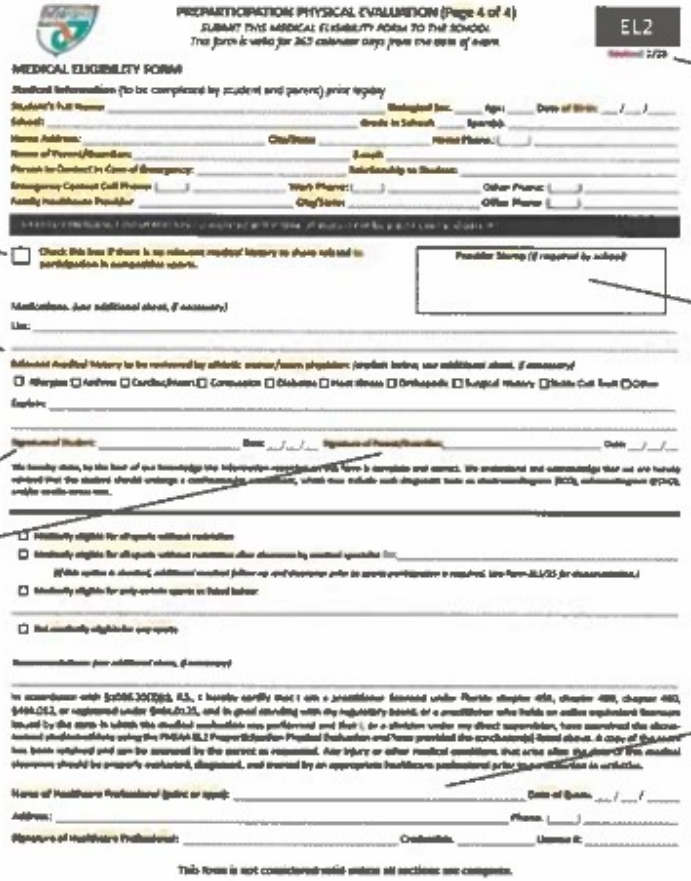
# FHSAA EL2: Preparticipation Physical Evaluation

**Please fill all highlighted areas**

**Check this box if there is no relevant medical history**

**Don't forget the parent/guardian and student signatures**



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 of exam

EL2

Revised: 2/26

MEDICAL ELIGIBILITY FORM

Student Information (To be completed by student and parent) prior to play

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 contained on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular evaluation, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or exercise stress test.

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction after clearance by medical specialist (list: _____)

(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. See Form 2EL1/25 for clearance.)

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Recommendations (use additional sheet, if necessary)

_____

In accordance with §1006.20(2)(b), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.022, and in good standing with the regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the student-athlete was performed and that I, or a physician under my direct supervision, 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 condition that arises 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 #: _____

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

**Must be completed on the revised 2/26 version**

**Provider stamp required.**

**Must be completed by physicians office**