

BENITO ATHLETIC INFORMATION

<u>SPORT</u>	<u>Start Date</u>	<u>Girls Coach</u>	<u>Boys Coach</u>
Basketball	August	Natanya Miller	Rodney Sharpe
Volleyball	October	Karen Burchfield	Chris Ellis
Track	November	Rodney Sharpe	Rodney Sharpe
Soccer	January	Laura Demes	Julio Rodriguez
Flag Football	March	Rodney Sharpe	Chris Taylor

To be allowed to try-out for the Benito Athletic Teams you need to complete the District required online paperwork. If you do not complete all forms your child will not be allowed to try-out. (See attached directions for help).

Frequently Asked Questions

Q: Who is eligible to tryout?

- All grade levels are welcome
- Must have a 2.0 GPA from the previous semester average (this does not pertain to incoming 6th graders until the 2nd semester)

Q: Does everyone make the team?

No, we can only put a limited number on game rosters. Cuts will be made after tryouts are conducted.

Q: Will your child be guaranteed to play in a game?

No. There is no guarantee of game play.

Q: How many games are played during the regular season?

The middle school season is short. There are only 6 games on the schedule.

Remember this is a competitive sport with District Championship.

Q: Are uniforms provided?

Players that make the team will wear District issued uniform shirts. Shorts are not provided. Coaches will give specific information on the short color to be worn at the game after tryouts.

Q: Is transportation provided for practice and games?

No. It is the parents' responsibility to make arrangements to transport their athlete from practice and to and from games.

Q: Do you need to complete the application every year?

Yes. If you are a returning player and parent you need to login to the account you already created. Please do not create another account.

During the season we play six other teams that are in our cluster. We have won countless cluster championships. We are very competitive in our District Playoff Tournaments.

Accolades:

Girls Volleyball District Champs 2012-13

Boys Volleyball District Champs 2021-22

Boys & Girls District Track Champs 2018-19

Boys Track District Runner up 2022-23

Boys Soccer District Runner up 2017-18

Girls Volleyball District Runner up 2014-15

Girls Track 3rd Place District 2016-17

Girls Track District Runner up 2021-22

Boys Soccer District Runner up 2014-15

Girls Flag Football District Runner up 2018-19

Guide for Filling out Online Athletic Paperwork in PlanetHS

Getting Started:

You will need the following things to complete this online application:

- **Physical Form** with **EL2** in the upper right hand corner. Here is the link for the form:
https://www.sdhc.k12.fl.us/docs/00/00/17/13/2018_19_EL02_Physical_Form.pdf
 - This must be a **sports physical** and has to be on the EL2 form – no exceptions!!
 - Page 1 is a Medical History that includes immunization dates
 - Page 2 is the Physical Examination signed/dated by the doctor
 - Page 3 is only needed if you child is referred to a specialist
- **NFHS Learn Certificates** that you printed or saved after completing the required athletic videos (see Appendix 1 for step by step instructions on how to complete the videos)
- **District Purchased Insurance Card** that you printed or saved after purchasing the required district athletic insurance. Here is the link to purchase the insurance:

<https://www.hcpsathleticprotection.com/>

- **Parent Government ID**

PlanetHS: Download the **PlanetHS app**, or go to www.planeths.com

You are first going to create a parent account:

From the main screen, click on **Sign up**

1. Step 1 – A parent
2. Step 2 - Enter First Name, Last Name, Gender, and Birthday **of the parent**
3. Step 3 – Enter parent's email address or phone number (whichever you prefer to use as your user name) and the password you want to use
4. Type in Benito then choose Benito Middle School from the drop down.
5. Press **Sign Up**
6. Provide emergency contact information of the primary and secondary parent/guardian, alternate emergency contact info, insurance information, and physician information.
7. Press **Update**

Linking Accounts:

You must link the student account.

1. Press **Linked Accounts**
2. Is your child younger than 13?
 - If **Yes** - click **My child is under the age of 13**. Fill out child's information and click **Submit**.
 - If **No** - Enter the **student email address or phone number** (it must be different than the one you used to create the parent account) then press **Send**. The student will receive an invite to link their account with yours. Have the student click on the link and do the following:
 - Step 1 - Click **A Student**
 - Step 2 - Enter **Student** First Name, Last Name, Gender, Birthday, and High School Graduation Year
 - Step 3 - Enter **Student** email address or phone number (must be different than parent), and Password
 - Step 4 - Choose Benito Middle School from drop down
 - Step 5 – Choose all sports the student wishes to participate in this year.
 - Click **Sign up**

The parent and student account should now be linked.

Athletic Forms: You must now fill out all the necessary forms. From the **Parent Account** click on **Athletic Forms** button. Verify that all the sports the student wants to participate in are checked, then scroll to the bottom where all the forms are listed. Choose the form you wish to update.

- **HCPS Application for Athletic Participation Middle Schools** –
 - You must fill out all boxes that have a red asterisk (*)
 - Put your initials in the box just under the student number
 - Click on each box in **Participation Requirements** section so that a check mark appears.
 - Click on the blue **Sign & Submit Form** button at the bottom.
 - Choose **Next Form** from the pop-up screen

- **Warning, Agreement to Obey Instructions, Release, Assumption of Risk, and Agreement to Hold Harmless –**

- If your child chose soccer as one of their sports, you have to put your initials in the box to acknowledge that soccer is a violent contact sport.
- Click on the blue **Sign & Submit Form** button at the bottom.
- Choose **Next Form** from the pop-up screen

- **EL2 – Preparticipation Physical Evaluation (History Form) –**

- You must fill out all boxes that have a red asterisk (*)
- Answer all 41 questions, including the dates of immunizations.
- For every **YES** answer, **you must respond** in the Yes box at the bottom.
- Click on the blue **Sign & Submit Form** button at the bottom.
- Choose **Next Form** from the pop-up screen

- **EL2 – Preparticipation Physical Evaluation (Physical Assessment) –**

This is where you will upload the actual physical form (with doctor signature).

It is easier to do this step from your phone so you can take a picture of the physical.

- Click on **Upload Document**
- Click on **Choose File**
- From smart phone, click on **Take Photo or Video**. From computer, locate document that you saved
- Click on **Upload File**
- Choose **Next Form** from the pop-up screen

- **EL3 – Consent and Release from Liability Certificate –**

- **Part 2A** – For most athletes the answer will be **N/A** or **NONE**. If there are sports you **DO NOT** want the student to participate in, list them on the line provided.
- **Part G** –
 - If your family has health insurance, choose the first box and list the Company and Policy Number.
 - **Choose** the second box because you are required to purchase the district medical plan.
 - Fill in Parent Name in all boxes that have a red asterisk (*) to acknowledge you have read and understand the agreement
 - Put your initials in the box at the bottom
 - Click on the blue **Sign & Submit Form** button at the bottom.
 - Choose **Next Form** from the pop-up screen

- **Middle School Athletic Eligibility Form –**

- Put your initials in the box for Media Release and Insurance
- Put your initials in the box for Uniforms, Equipment, and Supplies to acknowledge you have read and understand the agreement. Enter the parent name in the box provided.
- Click on the blue **Sign & Submit Form** button at the bottom.
- Choose **Next Form** from the pop-up screen

- **Medical Release Form –**

- Enter the Home, Business, and Cell Phone numbers in the boxes provided. If one of these does not apply to you, put the phone number you use in all the boxes.
- Choose **Part I** (see note below)
- List any allergies or medical conditions we need to know about the student in the box provided. If none, please indicate **NONE**
 - **Note:** If you choose Part II, you must be present at EVERY practice and game from start to finish, in case your child is injured.
- Click on the blue **Sign & Submit Form** button at the bottom.
- Choose **Next Form** from the pop-up screen

- **NFHS Learn Certificates –**

This is where you will upload the video certificates you saved when you finished each video and the quiz. **(see Appendix 1 for step by step instructions)**

It is easier to do this step from your phone so you can take a picture of the certificates.

- Click on **Upload Document**
- Click on **Choose File**
- From smart phone, click on **Take Photo or Video**. From computer, locate document that you saved
- Click on **Upload File**. Repeat until you have uploaded all 3 video certificates
- Choose **Next Form** from the pop-up screen

- **Excess Student Accident Insurance Overview –**

- Review the information about the required athletic insurance
- Click on the blue **Sign & Submit Form** button at the bottom.
- Choose **Next Form** from the pop-up screen

- **District Purchased Insurance (Mandatory)** –

This is where you will upload the insurance card you saved when you purchased the required athletic insurance.

- You purchase the insurance online at:

<https://www.hcpsathleticprotection.com/>

Make sure to save the insurance card that is generated when you purchase the insurance.

- Click on **Upload Document**
- Either take a picture of the insurance card, or upload a previously scanned document that contains the insurance card. Here is a sample of what the card looks like.

The image shows a sample of a "School Insurance of Florida Student Accident Insurance Card". The card contains the following information:

- School Insurance of Florida**
- Student Accident Insurance Card**
- Mailing Address:** P.O. Box 784268 Winter Garden, FL. 34778
- Claims Telephone:** 407-798-0290 **Policy No:** 09-0132-2020
- Student Name:**
- School District:** Hillsborough Public Schools, **School:** TOMLIN MIDD
- Date Paid:** 09/17/2019 **Amount Paid:** \$25.00
- Coverage:** MIDD Middle School **Termination Date:** 05-19-2020
- This ID does not guarantee policy benefits. The student accident insurance plan is secondary. "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.

- Click on **Upload File**
- Click on the blue **Sign & Submit Form** button at the bottom. Choose **Next Form** from the pop-up screen

- **Parent Government ID** –

This is where you will upload the parent id.

It is easier to do this step from your phone so you can take a picture of the id.

- Click on **Upload Document**
- Either take a picture of the parent id, or upload a previously scanned document that contains the parent id.
- Click on **Upload File**
- Click on the blue **Sign & Submit Form** button at the bottom.

- **Student Approvals Needed:** – Now the student must approve the necessary forms.
 - Sign into PlanetHS with the **Student** account
 - Click on **Athletic Forms**
 - The student must now go into the following forms and **put their initials** where indicated then click on the blue **Sign & Submit Form** button at the bottom:
 - ***HCPS Application for Athletic Participation Middle Schools***
 - ***Warning, Agreement to Obey Instructions, Release, Assumption of Risk, and Agreement to Hold Harmless***
 - ***EL2 – Preparticipation Physical Evaluation (History Form)***
 - ***EL3 – Consent and Release from Liability Certificate***
 - ***Middle School Athletic Eligibility Form***

All steps should be complete now. If you look at the Athletic Forms, you should see they are all either complete or pending staff approval. Once school staff approves the forms, you will get an approval notice via text or email, depending on which you used to create the parent account.

Appendix 1:

How to Watch Required Athletic Videos

Go to: <https://www.sdhc.k12.fl.us/doc/1451/athletics/student-forms/concussionvideo/>

You will see this on the screen:

[Begin the login process for the Concussion in Sports video](#)

[Begin the login process for the Sudden Cardiac Arrest video](#)

[Begin the login process for the Heat Illness Prevention video](#)

1. Choose one of the videos
2. Click on **register** in the right-hand corner. If you have previously registered, press **Sign in**.
3. Enter your email address, the username and password you want to use, then press **next**
4. Enter the **STUDENT** name, address, phone number, and Florida then press **finish**
5. Check that you are a student then press **finish**
6. Press **continue** to get to the first video
7. Select **Florida** then **order course** then **myself** then **continue**
8. Press **continue shopping**
9. Type in the **next video name** (from above) in the search bar then **view course**
10. Select **Florida** then **order course** then **myself** then **continue**
11. Press **continue shopping**
12. Type in the **next video name** (from above) in the search bar then **view course**
13. Select **Florida** then **order course** then **myself** then **continue**
14. You should now have all 3 courses listed above in your shopping cart
15. Press **Checkout**. You should now see your Order Summary.
16. Near the bottom you will see a box you have to **check** then press **continue**.
17. You will now see your Order Receipt. In the first sentence, you press **click here** to access your courses.

At the end of each course is a quiz. Make sure you take the quizzes and save the certificate.



Has to be on
this version
Form

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 4/24

MEDICAL HISTORY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				(continued)			
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?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
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)

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EL2

Revised 4/24

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

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
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?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

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 4/24

PHYSICAL EXAMINATION FORM

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

HEALTHCARE PROFESSIONAL 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?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

- ☐ 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 <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph Nodes		
Heart <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">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 <ul style="list-style-type: none">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 4/24

MEDICAL ELIGIBILITY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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: (____) _____

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- ☐ 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, or a clinician 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 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 4/24

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: _____ Biological Sex: _____ 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)*