TC Athletes / Band Members

The following needs to be completed annually for participation in

practice, workouts & games.

1. Register through FHSAA (Florida High School Athletic Association) to participate in Athletics:

www.athleticclearance.com - need to register or re-register for the 2024-2025 school year.

Online Athletic Clearance

1. Visit AthleticClearance.com

2. Select Florida

3. Return Users

• Enter login information and click "Sign In"

4. First Time Users:

• Create an Account. PARENTS/GUARDIANS will register with a valid email username and password.

5. Sign In using your email address that you registered with

6. Select "Start Clearance Here" to start the process.

7. Choose:

• School Year in which the student plans to participate. Example: Football in Sept 2024 - This would be the 2024-2025 School Year.

· School at which the student attends and will compete at

• Sport/s (We recommend that if the student will be participating in multiple sports, that those sports are added all at once)

8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable. (If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill)

9. Once you reach the Confirmation Message please print the form, sign the form, and upload the form. If you are unable to upload the form, please print, sign the form, and turn it into Mrs. Dubie in the Athletic Office.

10. The student is not Cleared yet! This data will be electronically filed with your school's athletic department for review. When the student has been cleared for participation, an email notification will be sent.

- 2. <u>Completed physical on FHSAA EL2 Form form is on TC Website; you can upload the physical form on</u> <u>athleticclearance.com or turn the form into the Athletic Office. Physical is valid for 365 days from the evaluation</u>
- 3. Instructions for the Impact Baseline Test (only needs to be done once during high school not every year):
- 1. www.impacttestonline.com/testing
- 2. customer ID Code: 270eca3197
- 3. Click on Launch Baseline Test
- 4. Click on English

- 5. Follow the prompts
- 6. You do not have to print certificate out for this test

4. <u>Instructions for the required NFHS courses</u> <u>Heat Illness Prevention, Concussion for Students and Sudden Cardiac Arrest (Athletes Only)</u> <u>Band Safety (Band Only)</u>

Course Ordering

Step 1: Go to www.nfhslearn.com.

Step 2: "Sign In" to your account using the email address and password you provided at time of registering for a nfhslearn account.

OR

If you do not have an account, "Register" for an account.

<u>Step 3</u>: Click **"Courses"** and select "Concussion for Students", "Heat Illness Prevention and "Sudden Cardiac Arrest", all 3 courses need to be completed.

Step 4: Select your state and click "Order Course."

<u>Step 5</u>: Select "Myself" if the course will be completed by you.

<u>Step 6</u>: Click "**Continue**" and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for this course.)

Beginning a Course

Step 1: Go to www.nfhslearn.com.

Step 2: "Sign In" to your account using the email address and password you provided at time of registering for a nfhslearn account.

Step 3: From your "Dashboard," click "My Courses" and select the "Active" tab.

Step 4: Click "Begin Course" on the course you wish to take.

*Your course will launch on the same page of the web browser.

**Click "Back to Dashboard" when ready to exit course.

Please upload each certificate to athletic clearance or e-mail (vdubie@tchs.us).

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right-hand corner of <u>www.nfhslearn.com</u>. If you should experience any issues while taking the course, please contact the NFHS Help Desk at 1-317-565-2023.

5. <u>Pay Annual \$150.00 participation fee – excludes band</u> <u>The fee can be paid online on the Trinity Catholic High School website – click on ADMISSIONS, click on Make a</u> <u>Payment and then Sports Fee 24-25</u>



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.



MEDICAL HISTORY FORM

nt and parent) <i>print legibly</i>			
E	Biological Sex:	Age:	Date of Birth: / /
Grade	in School: S	port(s):	
City/State:	Home Ph	none: ()
E-mail:			
Relations	hip to Student:		
Work Phone: ()		Other Ph	one: ()
City/State:		Office Pho	one: ()
	Grade City/State: E-mail: _ Relations Work Phone: ()	Biological Sex: Grade in School:S City/State:Home PH E-mail: Relationship to Student: Work Phone: ()	Biological Sex: Age: Grade in School: Sport(s): City/State: Home Phone: (E-mail: Relationship to Student: Work Phone: () Other Ph

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 Questionaire 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

Expla	IERAL QUESTIONS ain "Yes" answers at the end of this form. e questions if you don't know the answer.	Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		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?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No	HEA	RT 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),		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminerigc polymorphic ventricular tachycardia (CPVT)?		
7	Has a doctor ever told you that you have any heart problems?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



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.



Stude	ent's Full Name:			Da	te of Birth:/ School:		
BON	IE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (continued)			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?		
ME	DICAL 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?			Exp	lain "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:	//	/

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Student's Full Name:

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.

Т

_____ Date of Birth: ___ / ___ School: _____

PHYSICAL EXAMINATION FORM

HEALTHCARE PROFESSIONAL REMINDERS: Consider additional questions on more sensitive issues.

• boyon deristies your hore residence?• ourget pack and aboy. Use work where an about service or used any use ther preformance enhance on the any outer taken and but service or used any use the and about service or used any used to any us	Do you feel stressed out or under a lot of pressure?	Do you ever feel sad, hopele	ss, depressed, or anxiou	us?		
• by you drink a lobol or use any other nugs? supplement? • Hare you generalized particular bits or y logges 1 and 2), review these medical history responses as part of your assessment. Cardiovacular history/supptom questions include Qd-Q13 of Medical History form. (<i>check bas't complete</i>) Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovacular history/supptom questions include Qd-Q13 of Medical History form. (<i>check bas't complete</i>) Height: Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovacular history/supplement? NORMAL MEDICAL - healthcare professional shall initial each assessment NORMAL ABNORMALFINDINGS Apperance Norma ABNORMALFINDINGS Apperance Norma ABNORMALFINDINGS <	Do you feel safe at your home or residence?	you use chewing tobace	co, snuff, or dip?			
	Do you drink alcohol or use any other drugs?	c steroids or used any o	ther performance-enhancing			
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Knee Image: Comparison of the second secon	Wrist, Hand, and Fingers					
Leg and Ankle Cont Foot and Toes Cont Functional Cont	Hip and Thigh					
Foot and Toes Functional Sector Secto	Knee					
Functional Control Con	Leg and Ankle					
	Foot and Toes					

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.



MEDICAL ELIGIBILITY FORM

Student's Full Name:		Biological Sex:	Age:	Date of Birth: / /
School:	Grade	e in School:	Sport(s):	
Home Address:	City/State:	Hom	e Phone: (_)
Name of Parent/Guardian:	E-mail:			
Person to Contact in Case of Emergency:	Relation	ship to Student		
Emergency Contact Cell Phone: ()	Work Phone: ()	-	Other Ph	ione: ()
Family Healthcare Provider:	City/State:		Office Ph	ione: ()

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 b	y practitioner and paren	t			
Check this box if there is no relevant medical history to share related to	Provide	r Stamp (if required by school)	_		

Medications: (use additional sheet, if necessary)

participation in competitive sports.

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: /__/

Provider Stamp (if required by school)

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.

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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:	Grac	le in School: Sport(s):
Home Address:	City/State:	Home Phone: ()
Name of Parent/Guardian:	E-mail	:
Person to Contact in Case of Emergency:	Relatio	nship 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:

 \square 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)