



## **ATHLETIC CLEARANCE & CONCUSSION BASELINE TEST**

For student athletes to be cleared to participate they will need to complete all of the following steps at least 48 hours before their team practice/workout start date.

**Please complete this process by July 1st, 2022.**

1. Online Athletic Physical Documentation Clearance (via [www.athleticclearance.com](http://www.athleticclearance.com))
2. Concussion Baseline Test
3. Student-athletes will receive a clearance email from Athletic Trainers that all requirements have been met and are now CLEARED to participate in athletic events.

### **Online Athletic Clearance Documentation Process**

Quick steps for parents/students using the online athletic clearance process.

1. Visit [www.athleticclearance.com](http://www.athleticclearance.com) and choose FLORIDA (FL).
2. Watch the “athletic clearance step by step guide” tutorial video. Click on the blue “Create an Account” button to register.
3. **PARENTS** register with a valid email address and a password you will create.
4. After you have created an account you will log in. In order to log in, your username will be the email address you registered with.
5. Select “Start Clearance Here” to start the process.
6. Choose the current School Year.
  - Example: 2022-2023 School Year
7. Choose School St. Thomas Aquinas (Fort Lauderdale)
8. Choose Sport
  - Click on “add new sport” to add multiple sports
9. Complete all required fields for Student and Parent/Guardian information.
  - After filling out all the necessary tabs, select **SAVE AND CONTINUE**
10. In the Medical field, you will answer some questions that are a quick and an important overview for our Athletic Training Staff in order to ensure your child’s safety.
  - You will answer similar questions again when filling out the EL2 form.
  - After filling out all the necessary tabs, select **SAVE AND CONTINUE**



**(If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages)**

11. When completing the Signature Forms, the first five (5) signatures will be for the student to sign.
  - After signing select SAVE AND CONTINUE.
12. The next page is for the parents to sign
  - After signing select SAVE AND CONTINUE.
  - All signatures must be an exact match to the information that was entered on the Student and Parent/Guardian Information Page.
13. Download the EL2 “Pre-participation Physical” form, which is the physical that your doctor will have to **DATE, SIGN and STAMP**.
  - When completed by a doctor, you will need to upload it into the system
  - Click on “Browse” and select the appropriate files to upload.
14. Upload both sides (front and back) of the insurance card for Proof of Insurance.
  - Click on “Browse” and select the appropriate files to upload.
15. NFHS Certificates must be completed online by the **student** and uploaded. Click on each link to complete each training and upload the completion certificate to the system. **(3 CERTIFICATES REQUIRED):** CONCUSSION IN SPORTS (not concussion for students), SUDDEN CARDIAC ARREST and HEAT ILLNESS PREVENTION.
  - These courses must be taken every year. See instructions below, print out certificates and upload to your Athletic Clearance profile. The FHSAA highly recommends parents view the videos also.

**(Concussion Certificate is NOT the same as Baseline Concussion Test. You will receive instructions on how to complete the test on a different document).**

  - The student will need to log into their existing NFHS account or create an account to complete the certificates.
  - Once each course is completed, you will receive a certification. Download and save each certificate.
  - Click on “Browse” and select the appropriate file to upload.
16. Click on the link to fill out the Sports Parent Permission Form.
  - This link will take you to a formstack
  - After filling out the formstack you will need to return to your account in (athleticclearance.com) in order to continue the clearance process



17. Some sports require EKG clearance.
  - If asked by the system, download the EKG form.
  - Football players are required to have an EKG every other year, usually 9th and 11th to participate in football. Please have one taken at the time of your physical.
  - EKG's must be read, signed and **stamped** by a Doctor.
  - Click on "Browse" and select the appropriate file to upload
18. Once you reach the Confirmation Message you have completed this process.
19. All of this data will be electronically filed with your school's athletic department for review.
  - Once all the documents have been reviewed, you will receive an email from the Athletic Trainers officially clearing the student-athlete for sports participation.
  - **The student is NOT CLEARED to participate in any practice, try-out or pre-season condition until they receive an email from our Athletic Trainers of a successfully completed online Athletic Physical and Concussion Baseline test.**
20. Please be aware that Athletic Physicals require at least 48 hours to process for eligibility by our Athletic Training staff in order to participate in any athletic event. This includes conditioning, tryouts, or team practices.

## ONLINE ATHLETIC CLEARANCE FAQ

### Questions?

- Go to <https://homecampus.freshdesk.com/support/home> and submit a ticket.

If you have any other questions please reach out to our Athletic Trainers.

- [STA Athletic Training Room - 954-513-2361 - trainers@aquinas-sta.org](mailto:trainers@aquinas-sta.org)
- Rolando Pizarro (787-435-6539)
- Tamara Jacob (954-203-8673)



## CONCUSSION BASELINE CLEARANCE PROCESS

Step by step Concussion Baseline Test clearance process

**(This is not the same as the NFHS Concussion Certificate. This is a test that is given at school)**

All students must complete a Baseline Concussion Test. This test measures the brain function in a normal, healthy state, before a concussion. If the athlete is diagnosed with a concussion, our team doctors will use your baseline test score to help decide:

- What you need to do to get better
- How to treat you
- And, when it is safe for you to return to your sport

This test is taken in school with the student-athlete's chromebook in a quiet, supervised and controlled environment. If the student is taking Physical Education, Target Analysis, and Dance Fitness in Summer School you will be able to complete this test. If you're taking summer classes other than Physical Education, you can also schedule an appointment to take the test after school by calling the Athletic Department (954-327-2181). The baseline test will be given during the school year, dates, classroom, and times to take the test will be given once school starts.

1. The student-athlete takes the Baseline Concussion Test.
2. The Athletic Trainers will confirm and review the test scores,
3. The Athletic Trainers will email the student-athletes once they have been cleared to participate.

**The student is NOT CLEARED to participate in any practice, try-out or pre-season conditioning until they receive an email from our Athletic Trainers of a successfully completed online Athletic Physical and Concussion Baseline Test. Please be aware that Athletic Physicals require at least 48 hours to process for eligibility by our Athletic Training staff in order to participate in any athletic event.**

## CONCUSSION BASELINE CLEARANCE FAQ

If you have any questions please reach out to our Athletic Trainers.

- **STA Athletic Training Room - 954-513-2361 - [trainers@aquinas-sta.org](mailto:trainers@aquinas-sta.org)**
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# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 medical evaluation required by s.1006.20, Florida Statutes, 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

## Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

\* – station-based examination only

### ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation  
 \_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_ Precautions: \_\_\_\_\_  
 \_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*

# ST. THOMAS AQUINAS STUDENT-ATHLETE ECG/EKG FORM

(to be completed by a licensed physician)

## Cardiology Report: Electrocardiogram (ECG) Finding

Parents: An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death 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. STA requires EKG for all Football players every other year.

**Please have a reviewing physician fill out and sign this form.**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### **ECG in office:**

Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_

### **Cardiac Clearance**

Name of Physician or Approved Health Care Professional \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS DOCUMENT MUST BE STAMPED**