

ATHLETIC CLEARANCE & CONCUSSION BASELINE TEST

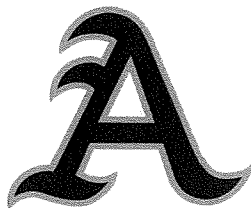
For student athletes to be cleared to participate they will need to complete all of the following steps at least 48 hours before their team practice/workout start date.

1. Online Athletic Physical Documentation Clearance (via 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 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**

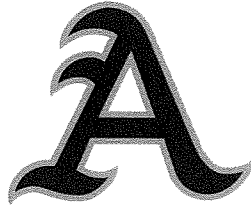


(If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages)

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 FHSA 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

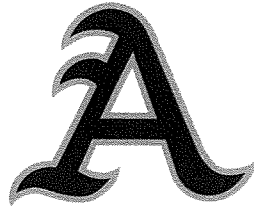


17. Some sports require EKG clearance.
 - If asked by the system, download the EKG form.
 - Football players are required to have an EKG every other year, usually 9th and 11th to participate in football. Please have one taken at the time of your physical.
 - EKG's must be read, signed and stamped by 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

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

- Rolando Pizarro - rolando.pizarro@aquinas-sta.org (787-435-6539)
- Tamara Jacob - tamara.jacob@aquinas-sta.org (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.

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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) for:		
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*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 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): _____ Actual Physical Date: ____/____/____
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____ ALL PHYSICALS MUST BE STAMPED AND DATED BY THE DOCTORS OFFICE. ALL PHYSICALS MUST BE TAKEN AFTER 6/1/2022.



Preparticipation Physical Evaluation (Page 3 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.**

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.

**ALL PHYSICALS MUST BE STAMPED BY
THE DOCTOR'S OFFICE.
ALL PHYSICALS MUST BE TAKEN AFTER
JUNE 1, 2022.**

**A COPY (FRONT AND BACK) OF
ATHLETES INSURANCE I.D. CARD MUST BE
UPLOADED.
ALL ATHLETES MUST HAVE INSURANCE
IN ORDER TO PLAY A SPORT.**