

## Cardiology Report: Electrocardiogram (ECG)

In accordance with School Board Policy JJ titled Extracurricular Activities, as part of the high school athletic packets, The School Board of Orange County, Florida is requiring each student athlete wishing to participate in high school athletics to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in high school. **The initial ECG may be completed by any licensed physician, including a primary care physician or pediatrician. If the ECG comes back abnormal, the student may only participate after being cleared by a cardiologist or a pediatric cardiologist.**

Date: \_\_\_\_\_ Student's Name: (Print) \_\_\_\_\_

Name of School: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

- A "normal" ECG Screening was completed and evaluated by a licensed physician or an outside vendor. Attached is the documented ECG clearing my child for participation in High School Athletics.
- An "abnormal" ECG screening was completed and my child was subsequent evaluated by a cardiologist or pediatric cardiologist. The following represents the findings of the licensed cardiologist or pediatric cardiologist after reviewing the ECG Screening results for my child:

### **Abnormal Electrocardiogram Clearance:** **(To be completed by a Cardiologist or Pediatric Cardiologist\*)**

Low Risk/Cleared for Participation: \_\_\_\_\_ Higher Risk/Not Cleared for Participation: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Cardiologist or Pediatric Cardiologist\*:

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

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

Name of Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Phone #

*\*See Section 1006.20(2)(c), Florida Statutes.*