



## Cardiology Report: Electrocardiogram (ECG)

As voted on by Volusia County School Board, April 27, 2021, as part of the high school athletic packet, The School Board of Volusia County, Florida is **requiring** each student athlete wishing to participate in high school athletics, to have an electrocardiogram (ECG) screening prior to participating in their first athletic sport.

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

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

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

- An ECG screening has previously been completed and is on file at \_\_\_\_\_ School. My child has been cleared for participation in high school athletics.
- An ECG Screening was completed and evaluated by an outside vendor. **Attached** is the documentation clearing my child for participation in high school athletics.
- The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:

### Cardiac Clearance:

**(To be completed by a Licensed Physician or Practitioner\*)**

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

Name of Licensed Physician or Practitioner\*:

\_\_\_\_\_  
(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.*

Volusia County Schools has borrowed the content of this form from Brevard Public Schools



The Official Healthcare Champion of Volusia County Schools

04/27/2022