



ATHLETIC CLEARANCE

For student athletes to be cleared to participate they will need to complete all of the following steps at least 2 weeks (minimum 10 business days) prior to tryout/workout start date.

1. Online Athletic Physical Documentation Clearance (via www.aktivate.com)
 - i Physical
 - ii Proof of insurance (front and back)
 - iii NFHS certificates
 - iv Impact baseline certificate (test performed at school, certificate provided at end of test)
 - v EKG (only required for football)

ALL DOCUMENTS WILL BE UPLOADED DIRECTLY INTO AKTIVATE.COM

Please do not bring any paper forms in to the athletic training room, as we cannot accept paper forms.

Student-athletes and parents will receive a clearance email from Athletic Trainers that all requirements have been met and are now CLEARED to participate in athletic events.



AKTIVATE DOCUMENTATION PROCESS

Quick steps for the online athletic clearance process using Aktivate.

1. Go to www.aktivate.com
2. Click Login
3. Click Create an Account (you only need ONE account, even if you have more than one child or a child in more than one sport)
4. Fill in personal account information (this should be the parent/guardian's personal information)
5. You will be using the site as a parent
6. Click submit
7. Enter verification code from email
8. Save your information and click "Got it! I'm done here"

After you have an account:

1. Login (orange button)
2. Under the "parents" header, click the button labeled "click here to start/complete athlete registrations" (the first time you log in you will be asked to agree to terms and conditions)
 - a. You can follow the prompts to take you through the step by step process to complete the documentation process
3. Click start/complete a registration
4. Click "click here to start new registration"
 - a. If you have any previous registrations, they will appear here. Please complete one registration per athlete.
5. Click select school
 - a. Select state
 - b. Type "St. Thomas Aquinas"
 - c. Click on St. Thomas Aquinas High School
6. Click select athlete
 - a. Click add new athlete
 - i. Or if you are continuing an athletic clearance process, click on the athlete's name
 - b. Fill in all information
 - i. For "Documentation", please choose "other". This is not a requirement for our athletes.
 - ii. Choose current grade for your athlete
 - iii. If you do not have a student ID, please enter 99999
 - c. Check box stating you will keep the information updated
 - d. Click submit



7. Click select year/sport
 - a. Select 2023-2024
 - b. Select ALL of the sports that your athlete will be participating in and press submit
 - c. Confirm all of the selections by clicking "I have selected the correct information"
8. Click "guardian information"
 - a. Enter your information and emergency contact information and click save
9. Click "insurance"
 - a. Update the insurance information and click save
10. Click "medical information"
 - a. Update the athlete's medical information and click save
11. Click "school questionnaire"
 - a. Update information
12. Additional opportunities
 - a. Complete this page if you are interested in your athlete getting information about participating in sports in college
13. Click "electronic documents"
 - a. Click "read"
 - b. Click "I have read the document"
 - c. Check the "I agree" box
 - d. Fill in athlete's information
 - e. Type your name as it appears in the signature box
 - f. Click E-sign
 - g. Click submit
14. Click "next step"
 - a. Enter "St. Thomas Aquinas" for school and "Archdiocese of Miami" for school district
 - b. Enter insurance information
 - c. Enter parent/guardian name (click E-sign) and athlete name (click E-sign) for all of the sections
 - i. If you do not click E-sign for EACH signature, the website will not allow you to proceed
 - d. Click submit
 - e. Click next step
15. Sign the "Final E-Signature" page
 - a. Click submit
 - b. Click next step
16. Impact baseline test
 - a. This is a baseline concussion test that the athlete will complete at school



- b. Once the student takes the test, they will take a picture of the concluding page once they have completed the test. THIS DOCUMENT WILL BE UPLOADED TO AKTIVATE HERE.
 - c. Please schedule this test with your athletic trainers at trainers@aquinas-sta.org
 - d. Click submit
17. Insurance card
- a. Click upload and upload the FRONT of the insurance card that covers the athlete
 - b. Click add another file and upload the BACK of the insurance card that covers the athlete
 - c. Click submit
18. EKG form
- a. THIS IS ONLY REQUIRED FOR FOOTBALL, if you are not participating in football, you can bypass this section
 - b. Upload the completed form
 - i. This form requires a date, doctor's signature, and stamp
 - c. Click submit
19. NFHS concussion
- a. Click download
 - b. Click read document
 - c. Add course to cart, checkout, and complete the course
 - i. For more information on this section, refer to the "NFHS CERTIFICATES INSTRUCTIONS" page
 - d. Upload "concussion in sports" certificate
20. NFHS Heat Illness
- a. Click download
 - b. Click read document
 - c. Add course to cart, checkout, and complete the course
 - i. For more information on this section, refer to the "NFHS CERTIFICATES INSTRUCTIONS" page
 - d. Upload "heat illness" certificate
21. NFHS Sudden Cardiac Arrest
- a. Click download
 - b. Click read document
 - c. Add course to cart, checkout, and complete the course
 - i. For more information on this section, refer to the "NFHS CERTIFICATES INSTRUCTIONS" PAGE
 - d. Upload "sudden cardiac arrest" certificate
22. EL2 form
- a. Upload THE LAST THREE pages (pages 3-5) of the physical document



- b. This NEEDS to include a date, doctor's signature, and STAMP
23. Click next step
 24. Please allow two weeks for these documents to be approved.



NFHS CERTIFICATES INSTRUCTIONS

NFHS Certificates must be completed online by the **student** and uploaded. The STUDENT ATHLETE'S name MUST be on the certificate, or it will not be accepted. Click on each link to complete each training and upload the completion certificate to the system. These courses must be taken, and new certificates uploaded every school year.

1. CONCUSSION IN SPORTS (not concussion for students)
2. SUDDEN CARDIAC ARREST
3. HEAT ILLNESS PREVENTION

(Concussion Certificate is NOT the same as the baseline concussion test!)

Steps to obtain certificates:

1. Go to NFHSlearn.com
2. Click register in the top right corner
3. Enter email, username, password, and all profile information (leave school blank)
4. Name printed on certificate: MUST BE STUDENT ATHLETE'S FIRST AND LAST NAME
5. Click on courses at the top of the screen
6. Search for the title of the course (i.e.: concussion in sports, sudden cardiac arrest, heat illness prevention)
7. Select Florida from the drop down menu
8. Click "order course"
9. Click myself, and click continue
10. Go back to courses, and add the other two courses to your cart.
11. Click "checkout"
12. Check the "I agree" box, and click continue
13. Click "go to my courses"
14. Click "begin course" for each course
15. Once all courses have been completed, click on "dashboard" at the top of the screen
16. Click on "my certificates"
17. Save certificates and upload to Aktivite



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.



ONLINE ATHLETIC CLEARANCE FAQ

If you have any other questions please reach out to our Athletic Trainers. The best way to reach us is through the following email address.

- Email: trainers@aquinas-sta.org
- Athletic training room: 954-513-2361

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 allow 2 weeks for approval.



2023 – 2024 SPORT START DATES

PHYSICAL MUST BE DATED AFTER JUNE 1ST, 2023

Clearances must be completed prior to participating in any workouts, open gym or practices.

FALL (CLEARANCE COMPLETION DUE BY JULY 22ND)

JULY 31ST FOOTBALL – SEE FOOTBALL PACKET FOR MORE INFORMATION
GOLF
SWIMMING & DIVING
VOLLEYBALL –GIRLS
BOWLING
CROSS COUNTRY

WINTER (CLEARANCE COMPLETION DUE BY SEPTEMBER 18TH)

OCTOBER 16TH SOCCER – BOYS AND GIRLS
OCTOBER 30TH BASKETBALL – BOYS AND GIRLS
NOVEMBER 6TH WRESTLING

SPRING (CLEARANCE COMPLETION DUE BY DECEMBER 11TH)

JANUARY 8TH WATER POLO
JANUARY 16TH TENNIS
JANUARY 22ND BASEBALL
LACROSSE
SOFTBALL
TRACK AND FIELD

FEBRUARY 5TH BEACH VOLLEYBALL
VOLLEYBALL – BOYS

FEBRUARY 12TH FLAG FOOTBALL

PLEASE BE ADVISED: SPORTS START DATES ARE SUBJECT TO CHANGE



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.

EL2

Revised 3/23

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

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 Questionnaire 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

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

This form is not considered valid unless all sections are complete.



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.

EL2

Revised 3/23

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	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?		
MEDICAL 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?			Explain "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: ___ / ___ / ___



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.*

EL2

Revised 3/23

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: _____ **Weight:** _____

BP: ___ / ___ (___ / ___) **Pulse:** _____ **Vision:** R 20/ _____ L 20/ _____ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

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.

EL2

Revised 3/23

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- 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 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: ___/___/___
 Address: _____ Phone: (____) _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

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: ___/___/___

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.



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 3/23

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: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___ / ___ / ___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship 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:

- 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: ___ / ___ / ___

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*