



Flagler Palm Coast High School

Athletic Physical Check Sheet 2026-2027



- Complete student-athlete profile registration at:
www.AthleticClearance.com
 - Sign all digital forms in the Athletic Clearance platform *(no need to print out and sign)*:
 - EL3 – Consent and Release from Liability Certificate
 - EL3 – Consent and Release from Liability Certificate for Concussions
 - EL3 – Consent and Release from Liability Certificate for Sudden Cardiac Arrest & Heat-Related Illness
 - EL3 -FHSAA Established Rules and Eligibility
 - Flagler Palm Coast High School Student-Athlete Contract
 - Annual Sports Activity Participation Form
 - Concussion Baseline Form (Advent Health)
 - 'Return to Play' Form (FPC Sports Medicine)
 - Notification of Payment of Fines & Game Suspension Form
 - Flagler Schools Insurance Notification Form

- EL2- FHSAA Physical Form** (02/26)
 - Athletic physical completed and signed by a doctor.
 - Upload scanned or photo file of ***PAGE 4 ONLY*** to Athletic Clearance profile under 'FILES' tab. Pages 1-3 of the EL2 form are to be kept on file with each family and/or medical provider.
 - ***Student-Athlete & parent signature required on the bottom of page 4***

- EL1- FHSAA ECG FORM** (02/26)
 - Students must have one (1) cleared ECG heart screening completed which will count for all four years in high school.
 - The ECG form and cleared documentation will be uploaded to the ECG tab on your clearance each year.

- NFHS Videos**
 - Students must watch the following free videos, then upload their completion certificate to the Athletic Clearance Profile:
 - Concussion
 - Heat Related Illness
 - Sudden Cardiac Arrest
 - Sportsmanship (*New in 2026*)
 - Visit NFHSLearn.com to access the free courses.



ATHLETIC CLEARANCE – Online Portal Registration

1. Visit AthleticClearance.com
2. Select Florida
3. **First Time Users:**
 - Create an Account. PARENTS/GUARDIANS will register with a valid email username and password.
4. **Returning Users:**
 - Enter login information and click “Sign In”
5. Sign In using your email address that you registered with.
6. Select “Start Clearance Here” to start the process.
7. Choose:
 - School Year in which the student plans to participate. Example: Football in August 2026 would be the 2026-2027 School Year.
 - Select FLAGLER PALM COAST HIGH SCHOOL as the school your student attends and will compete at.
 - Sport/s (We recommend that if the student will be participating in multiple sports, that those sports are added all at once).
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable.
 - (If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill)
9. Once you reach the ‘Confirmation Message’ you have completed the online registration process.
10. **The student-athlete is not ‘Cleared’ yet!** This data will be electronically filed with your school’s athletic department for review. When the student has been cleared for participation, an email notification will be sent. Please allow for 1-2 business days for review of the students profile.

Questions? Use the yellow Help option on the bottom right of the screen and submit a ticket.

Online Athletic Clearance FAQ:

What is my Username?

- Your username is the email address that you registered with.

How do I register for multiple Sports?

- If you know you are going to play multiple sports when registering, it is best to add all sports on the first step where you also select the school year and school. If you are registering for additional sports after completing your initial clearance for the year, you will have to complete the process again. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

What is the 'Physicals' Page?

- This is where you will submit your EL2 physical form for clearance. The physical form can also be downloaded on the Medical History page should you need to access it later. Our school will accept a physical uploaded to this section without a hard copy submission, but if you wish to turn in the hard copy physical as well please drop it off in the athletic office on campus.

What is 'Your Files'?

- This area is meant to store your files so they can be accessed later in the year or perhaps years following. Files do not carry over year to year automatically. You will be asked to click on the files tab when creating a new clearance to carry over your EL2 (athletic physical), birth certificate, and ECG results each year for each clearance submitted.

Why haven't I been cleared?

- The FPCHS athletic department will review the information you have submitted before clearing you for participation. Once they review your clearance, they will update your status to either 'Cleared' or 'Denied'. You will receive an email when you have been either cleared for participation, or if you have been denied and requested to fix certain documents to re-upload. Please allow up to 48 hours for a staff member to review.

I was "Denied" clearance, now what?

- You should have received an email with the reason for denial. Please update your clearance accordingly then contact your school's athletic department and ask them to review your information again.
 - **Sample Reasons for your profile being 'Denied':**
 - *"Missing FHSAA EL2: Please upload a picture or PDF copy of the completed FHSAA EL2 Physical Form"*
 - *"Wrong EL2: Per FHSAA policy, only the FHSAA EL2 forms are accepted for the sports physical"*
 - *"Missing parent and/or student signature on Page Four (4) of the FHSAA EL2 (Athletic Physical Form. Please sign your original form and re-upload to your Athletic Clearance profile"*
 - *"You are missing the completion certificates for the required three NFHS Videos: 1) Concussions, 2) Heat Related Illness, and 3) Sudden Cardiac Arrest. Please visit NFHSLearn.com to complete the short videos, and upload your completion certificates to your Athletic Clearance portal"*



Course Ordering

Step 1: Go to www.nfhslearn.com

Step 2: “*Sign In*” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “*Register*” for an account.

Step 3: Click “*Courses*” at the top of the page.

Step 4: Scroll down to the specific course from the list of courses : 1) FHSAA Concussion Video, 2) FHSAA Heat Illness Video, 3) FHSAA Sudden Cardiac Arrest Video.

Step 5: Click “*View Course*”.

Step 6: Click “*Order Course.*”

Step 7: Select “*Myself*” if the course will be completed by you.

Step 5: Click “*Continue*” and follow the on-screen prompts to finish the checkout process.

(Note: There is no fee for these courses.)

Beginning a Course

Step 1: Go to www.nfhslearn.com

Step 2: “*Sign In*” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “*Dashboard,*” click “*My Courses*”.

Step 4: Click “*Begin Course*” on the course you wish to take.

*For help viewing the course, please contact the help desk at NFHS. There is a **HELP** tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the **NFHS Help Desk** at (317) 565-2023*



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 of exam.

EL2

Revised 2/26

MEDICAL HISTORY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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?						
7	Has a doctor ever told you that you have any heart problems?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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 of exam.

EL2

Revised 2/26

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 of exam.

EL2

Revised 2/26

PHYSICAL EXAMINATION FORM

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

HEALTHCARE PROFESSIONAL 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?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

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 #: _____



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 of exam.

EL2

Revised 2/26

MEDICAL ELIGIBILITY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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: (____) _____

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.

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction after clearance by medical specialist for: _____
(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/2S for documentation.)
- Medically eligible for only certain sports as listed below: _____
- Not medically eligible for any sports

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

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and that I, or a clinician under my direct supervision, 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 of Exam: ___/___/___

Address: _____ Phone: (____) _____

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

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



ELECTROCARDIOGRAM (ECG) SCREENING (Page 1 of 1)
SUBMIT THIS CLEARANCE FORM TO THE SCHOOL

EL1

Revised 2/26

ELECTROCARDIOGRAM (ECG) SCREENING FORM

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

Student's Full Name: Biological Sex: Age: Date of Birth: School: Grade in School: Student ID:

Parent/Guardian: Review the FHSAA EL3 Consent and Release form for details on Sudden Cardiac Arrest. Per §1006.20, F.S. (Second Chance Act), effective July 1, 2026, all first-time high school participants in FHSAA athletics must have an Electrocardiogram (ECG) screening before participation.

Please complete only ONE section (Section A or Section B, as applicable)

SECTION A: PARENT/GUARDIAN ATTESTATION (Select one and sign below)

ECG completed by Who We Play For, a hospital in the state of Florida, or another healthcare organization and electronically signed by a licensed physician; attach normal result documentation from health record or the email received from provider. Date of NORMAL ECG Result: Organization Performing ECG: OR Medical Exception - Attach FHSAA Form ME1 Religious Objection - I object to an ECG for my child based on religious reasons allowed by law Parent/Guardian Signature: Printed Name: Date:

SECTION B: LICENSED PRACTITIONER ATTESTATION - ECG Interpretation by healthcare provider

In accordance with §1006.20(2)(c), F.S., I certify I am a licensed practitioner (Ch. 458, 459, 460, 464.012, 464.0123 F.S. or equivalent) familiar with the "International Criteria for ECG interpretation in student-athletes". If the ECG is normal, complete the section below. If further evaluation is required, the student should be referred to a practitioner trained in the diagnosis, evaluation and management of ECGs.

Normal ECG (no additional evaluation required) Normal variant ECG based on the International Criteria (no additional evaluation required) Further evaluation by a licensed medical professional is required, and an EL1/2S must be completed Provider Signature: Printed Name: Date: Credentials: License#: Phone: Address: City: State: Zip:

If your ECG requires further evaluation and you need help accessing cardiology follow-up care, please visit www.whoweplayfor.org.

Please retain a copy for your records.