

# Instructions on how to complete athletic clearance

After a physical exam is performed by the appropriate health care provider this information along with other documents must be uploaded to AthleticClearance.com

1. Go to AthleticClearance.com
2. Select Florida
3. If you already have an account login. If you don't have an account please register then login.
4. Select start clearances
  - a. Select 2018-2019 under year
  - b. Select Tavares High school for school
  - c. Select which sport you are trying out for
    - i. If you are playing multiple sports you can add them all at the end
5. Fill out student information
6. Upload the required documents under the following sections
  - a. Page 1 of EI2 physical form – physical form
  - b. Page 2 of EI2 form – concussion/ baseline certification
  - c. Birth certificate – additional form
  - d. Insurance card – proof of insurance

\*\*Uploading the documents can be done in a variety of ways. A couple examples are taking pictures with a cell phone, using a scanning application on a cell phone or using a scanner.

\*\* Not knowing how is not an excuse for not doing this step. Please ask questions if you need help.
7. Fill out medical history
8. Fill out parent/guardian
9. Fill out signatures
  - a. Make sure to place the correct signatures in the appropriate boxes
  - b. Place parents name where it says parent signature
  - c. Place students name where it says student signature
10. **Select all sports that you intend on trying out for!!!!**

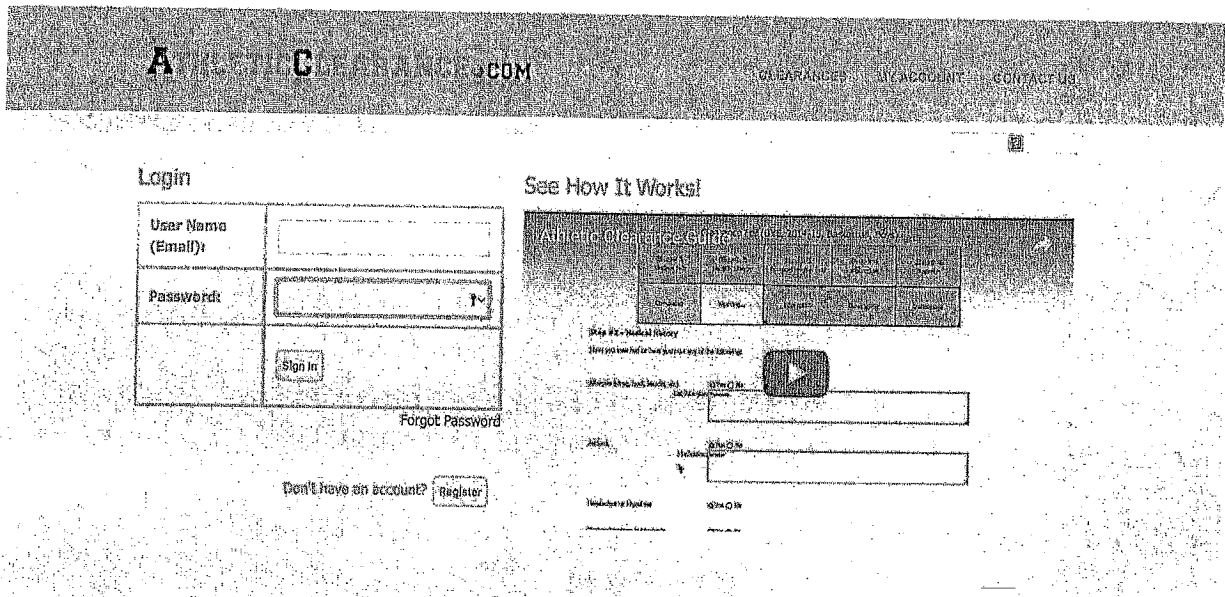


### Athletic Eligibility Packet 2018-19

All student athletes will be required to register on Athletic Clearance. This is going to be a great help for everyone involved in the process: 1) Parents, 2) Athletes, 3) Coaches, 4) Athletic Director, 5) Athletic Trainer, 6) Office Staff.

Please take a few moments to visit [www.AthleticClearance.com](http://www.AthleticClearance.com) and watch the video to see how easy this transition will be. Parents will create an account, and register their athlete(s) for one or more sports. Once the registration is complete, the student names will appear on the sports queue list. **Please upload a copy of the EL2 physical form, birth certificate and insurance card.** Once the information is reviewed, the athlete will be cleared and notification will be sent to the coach and parent. It is that simple!! No more waiting for people to print out the packets, fill out the packets, and drop them off!!!

One of the most beneficial elements of this is that when the signatures expire after 365 days, the parents are notified, and they can simply log in and update the info.



Please forward any questions regarding [AthleticClearance.com](http://AthleticClearance.com) to:

**Athletic Directors:**

**Greg Raczkowski:** ext. 1026 or Email: [raczkowskig@lake.k12.fl.us](mailto:raczkowskig@lake.k12.fl.us)

**Gavin Jones:** ext. 1112 or Email: [Jonesg@lake.k12.fl.us](mailto:Jonesg@lake.k12.fl.us)

**Athletic Trainer:**

**Morgan Scott:** ext. 1111 or Email: [Scottm4@lake.k12.fl.us](mailto:Scottm4@lake.k12.fl.us)



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): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# 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.*