



### Cardiology Report: Electrocardiogram (ECG)

In accordance with Board Policy 2431 Interscholastic Athletics, as part of the middle and high school athletic packets, The School Board of Brevard County, Florida is requiring each student athlete wishing to participate in middle school and/or high school athletics, to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in middle school. An athlete who had an ECG screening prior to participating in his/her first athletic sport in middle school would need a second ECG screening prior to participating in his/her first athletic sport in high school, unless a previous ECG screening was completed within the preceding 365 days. An athlete who did not participate in middle school athletics, and therefore had not had a previous ECG screening, would need to have an ECG screening prior to participating in his/her first athletic sport in high school.

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  middle school athletics or  high school athletics.
- An ECG Screening was completed and evaluated by an outside vendor. Attached is the documentation clearing my child for participation in  middle school athletics or  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: \_\_\_\_\_

I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

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

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

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

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