



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. This applies to students with no cardiac symptoms. Students with cardiac symptoms should consult their healthcare provider. An ECG completed within two (2) years prior to July 1 of the participation year satisfies this requirement. If the ECG requires further evaluation, the student must be cleared by a licensed medical practitioner trained in the diagnosis, evaluation and management of ECGs before participating in FHSAA athletic competition, practice, tryouts, or workouts.

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.



CERTIFICATE OF MEDICAL EXCEPTION (Page 1 of 1)
SUBMIT THIS CLEARANCE FORM TO THE SCHOOL

ME1

Revised 1/26

Florida Second Chance Act (ECG Screening) Certificate of Medical Exception

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: _____

Purpose:

This certificate of medical exception is to be completed by a licensed physician authorized under Chapter 458 or Chapter 459, Florida Statutes, for the purpose of documenting a medical exception to the electrocardiogram (ECG) screening requirement established under the Second Chance Act for student-athletes. The form must be retained by the school for the duration of the student's participation in high school sports.

Medical Exception Determination:

The above-named student is granted a medical exception to the ECG screening requirement under the Second Chance Act for the following reason(s):

Reason for Exception:

LICENSED PRACTITIONER SECTION - ECG Interpretation by personal healthcare provider
In accordance with §006.20(2)(c), F.S., I certify I am a licensed practitioner (Ch. 458, or 459, F.S. or equivalent) trained in the "International Criteria for Interpreting ECGs in Student-Athletes".

Signature: _____ Printed Name: _____ Date: ____/____/____

Credentials: _____ License#: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____