



TOHOPEKALIGA HIGH SCHOOL ATHLETIC PARTICAPATION REQUIREMENTS CHECKLIST

*This checklist is for your convenience only, it does not need to be submitted to the school

___ **Complete the 2022-23 Athletic Clearance registration on AthleticClearance.com**

___ **Have a valid physical on file with TKHS Athletic Dept.**

*Must be on the form in this packet. Physicals are valid for 365 days (1 year).

___ **Have a completed ECG clearance form on file with TKHS Athletic Dept.**

*Completed once as an incoming freshman in high school, or later; valid for all 4 years of high school

___ **Annual Baseline ImpACT test-** Instructions in packet

___ **Paid Athletic Fee-** \$35 paid to TKHS Athletics

Non-Traditional Students also have these additional eligibility requirements:

Forms found on www.FHSAA.com (Parents Tab)

- **Homeschool students**
 - ***STUDENT MUST BE ZONED FOR TOHOPEKALIGA HIGH SCHOOL***
 - EL7 and EL7V Forms must be completed and submitted to the TKHS Athletics Department
 - Official Transcripts
- **Non-Member Private School**
 - ***STUDENT MUST BE ZONED FOR TOHOPEKALIGA HIGH SCHOOL***
 - EL12 and EL12V Forms must be completed and submitted to the TKHS Athletics Department
 - Official Transcripts
- **Alternative School Students - NEO CITY, OTECH, ZENITH ETC...**
 - GA4 and top portion of EL14

Tohopekaliga High School

Athletic Clearance Instructions



Online Athletic Clearance

- Visit www.AthleticClearance.com and select the Florida icon
- **Returning users:**
 - Enter login information and click “Sign In”
- **First Time Users:**
 - Click on “Create an Account” and follow the prompts. PARENTS/GUARDIANS will register with a valid email username and password. There is a step-by-step video on that page if you need further assistance.
- Once logged in, select “Start Clearance Here”
- Select the year (2022-23), the school (Tohopekaliga), and the first sport your student is playing.
 - There is a “Add New Sport” button to add additional sports for the 2022-23 school year.
 - We recommend that if the student will be participating in multiple sports, that all those sports are added now, or you will have to do another athletic clearance for those additional sports later.
- Complete all required sections:
 - Student Information
 - If you have gone through the Athletic Clearance before, you will select the Student from the drop-down menu and the information will autofill.
 - Please have your child’s insurance and primary care/family doctor information ready to input.
 - If your child has previously attended another high school, you must click, “Student has previously attended a different high school.” You will then see the *Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation* just below. Print this form, complete it, and return it to the Tohopekaliga Athletics Department as soon as possible.
 - Parent/Guardian
 - If you have gone through the Athletic Clearance before, you will select the Parent/Guardian from the drop-down menu and the information will autofill.
 - Please be specific, we may need to get in touch with you.
 - Medical
 - Please explain all “Yes” answers in the box provided.
 - Signatures
 - **Both Student & Parent/Guardian** will electronically sign all forms. Please be sure to e-sign in the correct boxes by simply typing your name.
 - Files
 - You have the option to upload a copy of the EL2- Preparticipation Physical and/or the ECG Clearance Form, however we do require that you turn in the **originals** to the Tohopekaliga Athletics Department.
- **PRINT THE CONFIRMATION PAGE.** A copy of the confirmation page is also sent to your email address if you need to print later. Both Parent/Guardian and Student must sign the confirmation page.
- **Submit the signed confirmation page, original physical and ECG clearance form to the Tohopekaliga Athletics Department immediately.**

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. Just select "Add Sport" on the link below the drop-down menu and add many sports as you like. If you register for additional sports after completing your initial clearance for the year, you will have to complete a new registration. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

Physicals

The physical form your school uses can be downloaded on Medical History page. Most schools will accept the physical online (done by uploading the completed form on the File's page) as well as turning in a hard copy to the athletic department.

Your Files

This area is meant to store your files so they can be accessed later in the year or perhaps years following.

Why haven't I been cleared?

Your school will review the information you have submitted before clearing you for participation. Once they review your clearance, they will change the status. You will receive an email when you have been cleared for participation

My sport is not listed!

Please contact your school's athletic department and ask for your sport to be activated.

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.

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

ImPACT instructions

ImPACT Baseline Test Instructions

ImPACT is a computer-based neurocognitive testing tool used in the management of mild traumatic brain injury, commonly known as concussions. You are being asked to take a baseline test, so that in the event you sustain a head injury with a mechanism that suggests a concussion, we may be able to evaluate/assess the severity of injury and the progress of your recovery.

It is in your best interest to produce an honest effort in taking this baseline test, such that we have a valid baseline with which to measure in the event of a head injury. If you do poorly or produce a test with invalid results, you will need to retake the baseline test. Additionally, we will be required to manage your care in a much more careful approach, likely leading to a greater loss of participation time in the event of a head injury.

Instructions:

1. Be sure to take the ImPACT test in a quiet environment, free from distractions. Silence or turn off cell phones while taking the test.
2. You should not do any physical activity for 3 hours before the test.
3. Login to the computers. **Use Google Chrome on a desktop computer or a laptop**. You may use the school-issued laptops. **You cannot use a mobile device/tablet to take the ImPACT test.** Make sure to turn off pop up blockers.
4. Go to <https://www.impacttestonline.com/testing>
5. Enter Customer Code: **VJKB2EXW6D**
6. Click on "Launch Baseline Test." Follow the prompts and questions.
 - a. Please complete all areas in the demographic section (i.e. what sport(s) you play).
 - b. The years of school completed is not the grade you are currently in. This refers to all the years of school *completed*, not including kindergarten. Example: If you are in 11th grade, you have completed 10 years of education.
 - c. Current level of participation should be high school. Years of experience refers to how many years you have been playing your sport in high school.
 - d. If the system won't let you continue, there is something wrong, such as a wrong date
 - e. Be sure to indicate whether you are using a trackpad (laptop without a mouse) or a mouse.
7. Once you complete the demographics section you will complete the test.
8. After test completion the last page asks to print out or email the confirmation... **Please print out the confirmation and turn it in with your physical packet.** If you cannot print, please see the athletic trainer to verify test completion.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ATHLETIC PARTICIPATION – Preparticipation Physical Evaluation

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.

Part 1. Student Information (to be completed by student or parent).

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

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No	
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___	
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___	
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___	
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___	
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___	
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___	
7. Do you have any allergies (for example, pollen, latex, medicine, food, or stinging insects)?	___	___	32. Do you wear glasses, contacts, or protective eyewear?	___	___	
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain, or swelling after injury?	___	___	
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___	
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	___	___	
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below.</i>			
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Upper Arm	___ Finger	___ Shin/Calf
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Elbow	___ Foot	___ Ankle
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Forearm	___ Hip	
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Wrist	___ Thigh	
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Hand	___ Knee	
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	36. Do you want to weigh more or less than you do now?	___	___	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___	
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	38. Do you feel stressed out?	___	___	
20. Have you ever had a head injury or concussion?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___	
21. Have you ever been knocked out, become unconscious, or lost your memory?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___	
22. Have you ever had a seizure?	___	___	41. Record the dates of your most recent immunizations (shots) for:			
23. Do you have frequent or severe headaches?	___	___	Tetanus: _____	Measles: _____		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	___	___	Hepatitis B: _____	Chickenpox: _____		
25. Have you ever had a stinger, burner, or pinched nerve?	___	___	FEMALES ONLY (optional)			
			42. When was your first menstrual period?	_____		
			43. When was your most recent menstrual period?	_____		
			44. How much time do you usually have from the start of one period to the start of another?	_____		
			45. How many periods have you had in the last year?	_____		
			46. What was the longest time between periods in the last year?	_____		

Explain "Yes" answers here: _____

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 medical evaluation required by s.1006.20 Florida Statutes, 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ATHLETIC PARTICIPATION – Preparticipation Physical Evaluation

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 below.

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: _____

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.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
Cardiology Report: Electrocardiogram (ECG) Finding
(to be completed by a licensed physician)

Parents: An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. The School District is requiring one (1) cleared ECG, during a student's four (4) years of high school, to assure the health of any student participating in athletics.

Please have the reviewing physician fill out and sign this form and return to: _____ (Name of School)

Date: _____

Student's Name: _____

Sex: _____ Date of Birth: _____ Age: _____ Ethnicity: _____

Height: _____ Weight: _____

ECG in office:

Normal: _____ Abnormal: _____

Cardiac Clearance

Name of Physician or Approved Health Care Professional

Date: _____

(Print Name)

(Signature)

Address: _____

City / St _____ Zip _____

Comments:

