



Welcome to Seminole High School Football!

Seminole High School
8th Grade Spring Football Conditioning
begins May 2022

Eighth grade students may participate in spring football at the public high school for which the students are zoned to attend or could choose to attend or at the private school at which the student has been accepted and will attend in the ninth grade the following school year under the following conditions:

- The students may practice on or in the high school facility only if such practice is approved in writing to the FHSAA Office by the district school superintendent or head of school for private schools.
- The students may be instructed in practice by high school coaches only if such instruction is approved in writing to the FHSAA Office by the district school superintendent or head of school for private schools.
- The principal/head of school of both schools must give their permission in writing to the FHSAA Office for the students to participate in such practice.
- The students must have catastrophic insurance for such practice.
- The students must have undergone a physical examination within the last calendar year.
- The students must not suffer any loss of time from school.
- The students may not participate in a spring football jamboree or spring classic game.
- The students may not participate in practice or have any physical contact in any manner with student-athletes in the 9th, 10th, or 11th grades who are members of the high school football team.

All Athletic Clearance submissions must be received and cleared *prior* to participation.

Practice dates:

May 3, 2022 – May 19, 2022

Practice day / time:

Tuesdays and Thursday / 4:45pm – 6:15pm

Meeting place TBD

Bring plenty of water!

Head Varsity Coach
Eric Lodge
lodgeez@scps.k12.fl.us
407-320-5188

Head Freshman Coach
Dylan Green
greendm@scps.k12.fl.us
407-320-8312



Seminole Athletics – Online Sports Physical Submission Information

All sports physicals in Seminole County will be submitted online for clearance to participate in athletics. Participation in any athletics program, conditioning or tryouts cannot occur until you have been cleared for participation by the athletic department.

*****No athletic paperwork will be accepted in person; everything must be uploaded*****

ALL athletes interested in participating in athletics at Seminole High School MUST COMPLETE the below process.

Documents to have on hand: Physical (on FHSAA EL2 form), ECG Screening, Insurance Card, Gov't Issued Photo ID, Birth Certificate, GA4 (Transfer Students Only), (3) NFHS Course Completion Certificates

1. Visit **www.AthleticClearance.com** and choose **FLORIDA**.
2. **Register** and complete all fields including a security question. MUST register with a valid email username and password.
3. To start the process, click the blue box at top, **Start Clearance Here**
4. "Year" select **2021-22**, "School" select **Seminole (SANFORD)**, "Sport" select **Spring Football**
5. Complete all required fields for the following sections
 - a. Student Info
 - b. Parent / Guardian Info
 - c. Medical History
 - d. Electronic Signatures
6. Documents required to upload to student athletics clearance account
 - a. **All pages of FHSAA Physical Form EL2**
 - b. **ECG Screening ***REQUIRED 2022-2023*****
 - c. **Parent / Guardian Photo ID (Used to confirm parent consent)**
 - d. **Proof of students medical insurance (If student does not have insurance, please obtain a policy at www.schoolinsuranceofflorida.com)**
 - e. **Birth Certificate**
 - f. **(3) NFHS Course Completion Certificates (instructions attached)**

All data will be electronically filed with your school's athletic department for **review**. When the student has been cleared or denied for participation, an email notification will be sent.

If you have any questions or concerns, please contact the Athletic Department at 407-320-5057
Athletic Secretary Mrs. Williams williakf@scps.k12.fl.us
Athletic Director Ms. Killingsworth killinla@scps.k12.fl.us
Information can be found on our website <https://seminolehs.scps.k12.fl.us/athletics/>



Preparticipation Physical Evaluation (Page 1 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 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: (____) _____
 Schools Attended: 8th _____ 9th _____ 10th _____ 11th _____

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	_____ Elbow	_____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____ Neck	_____ Forearm	_____ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	_____ Back	_____ Wrist	_____ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	_____ Chest	_____ Hand	_____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	_____ Shoulder	_____ Finger	_____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	_____ Upper Arm	_____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

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: ____/____/____



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*
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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 Date of Exam ____/____/____

_____ 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)

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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.

EFFECTIVE 6/1/2018 FHSA REQUIRES ALL ATHLETES COMPLETE THE FOLLOWING 3 ONLINE COURSES. THE INSTRUCTIONS ARE BELOW. UPON COURSE COMPLETION, PLEASE SUBMIT ALL 3 CERTIFICATES WITH YOUR PHYSICAL PAPERWORK.

Course 1: NFHS "Concussion for Students"

Course 2: NFHS "Heat Illness Prevention"

Course 3: NFHS "Sudden Cardiac Arrest"

Ordering a Course

Step 1: Go to www.nfhslearn.com

Step 2: **"Register"** for an account.

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

Step 4: Scroll down to your required courses from the list of courses.

Step 5: Click on the Course.

Step 6: Click **"Order Course"**.

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

Step 8: Click **"Continue"** and follow the on-screen prompts to finish the checkout process. *(Note: There is no fee for this course.)*

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 your nfhslearn account.

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

Step 4: Click **"Begin Course"** on the course you wish to take. Your course will launch on the same page of the web browser.

Step 5: Click **"Back to Dashboard"** when ready to exit course. Print certificate of completion.



Seminole County Public Schools Cardiology Clearance - Electrocardiogram (ECG)

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. In accordance with Seminole County School Board Policy - 5610.05 titled Participation in Extra-Curricular Activities, The School Board of Seminole County, Florida recommends for the 2021-2022 school year that each student athlete planning to participate in high school athletics receive an electrocardiogram (ECG) screening as part of the High School Pre-Participation Physical prior to participating in any high school sport activity. This recommendation will transition to a required screening for participation in 2022-2023. It is recommended that the ECG be performed by a Licensed Pediatric Cardiologist using the International Athlete Criteria.

Students Name: (print) _____ School Name: _____

Sex: (circle) M / F DOB: _____ Age: _____ Grade: _____ Student ID#: _____

Select one of the following two options for screening:

- ☐ An ECG screening was completed and evaluated by an outside vendor chosen by the student athlete or student's parent/guardian.

Cardiac Clearance: (To be completed by a Licensed Physician or Practitioner*)

Cleared for Participation: _____ Not Cleared for Participation: _____

Name of Licensed Physician or Practitioner* (Print): _____

Office Name / Physicians Group: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Physician Signature: _____ Date of Clearance: _____

- ☐ An ECG screening was completed and evaluated by Who We Play For, Inc., the SCPS approved vendor. I understand there is a \$20 fee for this service payable to my/my child's school.

Cardiac Review Team Information:

(To be completed by School Athletic Training Staff and the Athletic Department)

Testing Location: _____ Time: _____

On-Site School Administrator: _____ Date of Test: _____

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

In consideration of the named student athlete being able to participate in the extracurricular activities, I/we do hereby release and hold harmless the School Board of Seminole County, and its officers, employees and assigns; the School District of Seminole County; my/our child's/ward's school; and the school boards, school districts and the schools against which the School Board of Seminole County, Florida, the School District of Seminole County and my/our child's/ward's school competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the athletic activities and open facilities, including pre-participation ECG screening, and agree to take no legal action against the School Board of Seminole County, and its officers, employees or agent because of any accident or mishap arising out of, resulting from or involving the athletic participation, including but not limited to practice or actual competition of my/our child/ward, and pre-participation ECG screening, and agree to take no legal action against the School Board of Seminole County or any officer, employee or agent because of any accident or mishap involving athletic participation and pre-participation ECG screening."

Student/Parent/Legal Guardian Name (Print) **

Student/Parent/Legal Guardian (Signature) **

Student/Parent/Legal Guardian Phone #

Date

**If student athlete is under eighteen (18) years of age, parent/guardian must complete and sign form.

Once complete, please upload this document into your Athletic Clearance Profile.



ORLANDO
HEALTH[®]

ECG SCREENINGS FHSAA PHYSICAL NIGHT



WHO WE PLAY FOR

Noles lead the way!



ECG Screening

Date: April 6th or April 11th

Time: 5pm-8pm

Location: Dr. Bill Vogel Gymnasium- Main Gym

Registration required - space limited



FHSAA Physicals (EL2)

Date: April 20th

Time: 5pm -8pm

Males: 5pm- 7pm

Females: 6:30pm-8pm

Where: Dr. Bill Vogel Gymnasium- Main Gym

Register on GO Fan - \$25

The top portion of the EL2 must be completed
beforehand.



Seminole High Athletic Website

To access Physical Forms (EL2) and directions on how to create a Athletic
Clearance Profile, scan the QR Code above.