MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION of ATHLETICS & ACTIVITIES

Miami-Dade County Public Schools (M-DCPS)

Division of Athletics & Activities

Abnormal EKG Screening Results Clearance Form

(To be completed by a practitioner licensed under Chapter 458–460, Florida Statutes or § 464.012, Florida Statutes; a practitioner registered under § 464.0123, Florida Statutes; or a practitioner who holds an active equivalent licensure issued by the state in which the ECG/EKG is performed and is in good standing with the practitioner's regulatory board.)

Student Information

- **Student Name:** _____
- **Date of Birth:** _____
- **School Name:** _____
- **Student ID #:** _____
- **Sport(s):** _____
- **Date of EKG Screening:** _____

Screening Results

☑ **Abnormal EKG Result**

The student listed above has undergone an electrocardiogram (EKG/ECG) screening as required by Miami-Dade County Public Schools. The results of the screening have been determined to be **abnormal** and require further medical review.

Medical Evaluation & Clearance Determination

☐ Student has been evaluated and requires **additional testing/consultation** (specify):

_____

_____

☑ **Student is not cleared for athletic participation until further notice and additional evaluation is complete.**

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☐ Student is cleared for **restricted participation** with the following limitations or conditions (specify):

_____

_____

☐ Student is cleared for **full participation** in athletic activities **after abnormal findings were reviewed and determined to be clinically insignificant or non-concerning.**

Provider Attestation

I, the undersigned physician/cardiologist, certify that I have reviewed the above student's abnormal EKG screening results and have provided appropriate medical evaluation and recommendations in accordance with recognized medical standards of care.

I further attest that the clearance decision is solely based on my professional judgment as a licensed healthcare provider.

Physician/Cardiologist Name (Print): _____

Specialty: _____

Office/Facility: _____

Provider No. : _____ **Physician Stamp**_____

Signature: _____Phone: _____Date: _____

Legal Disclaimer

This form is intended solely for documentation of abnormal EKG screening results and physician clearance for participation in school athletics. Miami-Dade County Public Schools does not provide medical interpretation of EKGs, nor does it assume liability for medical decision-making. All clearance determinations are the sole responsibility of evaluating physician/cardiologist.

Note: This form must be fully completed, signed, and returned to the school's Athletic Director prior to student participation in any athletic activity.