



## Forest Lake Academy – Electrocardiogram (ECG) Screening Clearance Form

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 Forest Lake Academy School Board policy, Forest Lake Academy requires 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 athletic activity. An ECG clearance only needs to be received once while in high school. An ECG screening can be completed and evaluated by Who We Play For, Inc., the SCPS approved vendor, or may also be performed and evaluated by a Licensed Physician, PA or ARNP of your choice.

### RELEASE AND WAIVER

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 Forest Lake Academy, and it's officers, employees and assigns against any and all responsibility or liability of any nature for any injury or claim resulting from the pre-participation ECG screening, and agree to take no legal action against the School Board of Forest Lake Academy, or it's officers, employees or agents for claims arising out of, resulting from or involving the pre-participation ECG screening.

Students Name: (print): \_\_\_\_\_ School Name: \_\_\_\_\_

Sex: (circle) M / F    DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Id# \_\_\_\_\_

If your ECG was completed by Who We Play For, Inc., you can STOP here. Submit the email you received from the organization to the Athletic Clearance. You do not need to submit this form.

### ECG's Performed by a PCP, Urgent Care Center, or Walk-in Clinic Must Complete the Form Below

PHYSICIAN INSTRUCTIONS: This form is to be completed by an appropriate health care provider (AHCP) trained in the latest ECG interpretation guidelines. It is recommended to interpret ECG readings based on the International Criteria (<https://uwspportscardiology.org/>) After completing and interpreting the ECG, select the appropriate box below. If the ECG is interpreted as NORMAL, complete the Normal Electrocardiogram Screening Clearance. If the initial ECG is interpreted as ABNORMAL, the student must be referred to a cardiologist. Only a cardiologist can clear a student with an ABNORMAL ECG interpretation.

#### **NORMAL Electrocardiogram (ECG) Screening Clearance** *(To be completed by a Licensed Physician ,PA or ARNP)*

I hereby certify that an ECG was performed by myself or an individual under my direct supervision and have determined that the patient is Low Risk and is Cleared for Participation.

\_\_\_\_\_  
Name of Licensed Physician, PA or ARNP (Print)    Signature of Licensed Physician, PA or ARNP    Date  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Stamp of Physician Office:**

An **ABNORMAL ECG** was found, and the student has been referred to a cardiologist. **Physician Name:** \_\_\_\_\_

#### **ABNORMAL Electrocardiogram (ECG) Screening Clearance** *(To be completed by a Cardiologist or Pediatric Cardiologist)*

I hereby certify that an ECG was performed by myself or an individual under my direct supervision and have determined that the patient is Low Risk and is Cleared for Participation.

\_\_\_\_\_  
Name of Licensed Physician, PA or ARNP (Print)    Signature of Licensed Physician, PA or ARNP    Date  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Student / Parent / Legal Guardian (Signature) \*\*

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Student / Parent/ Legal Guardian Phone #

Date

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