



**Cardiology Report: Electrocardiogram (ECG) Finding
(To be completed by a Licensed Physician)**

Parents/Legal Guardians: As part of the middle and high school athletic packets, The School Board of Brevard County, Florida, is requiring all student athletes in grades 7 – 12, who plan to participate in school-sponsored athletics, to have an ECG Screening. Please have your reviewing physician complete and sign this form and return it, with your EL2 and EL3, to your school:

Name of School: _____

Date: _____ Student's Name: (Print) _____

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

Height: _____ Weight: _____

ECG in Office:

Pass: _____ Fail: _____

Cardiac Clearance:

Cleared without limitations: _____ Not Cleared: _____

Name of Physician or Approved Health Care Professional: _____ Date: _____

(Print Name)

(Signature)

Name of Office: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Additional Comments:
