



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

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

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				<i>(continued)</i>			
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

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PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

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Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?						

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Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___ / ___ / ___



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

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PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION

Height: _____ Weight: _____

BP: ___ / ___ (___ / ___) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) print legibly

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

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary)

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

I hereby certify that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp (if required by school)

Medications: (use additional sheet, if necessary)

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: (explain below, use additional sheet, if necessary)

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

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

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- Medically eligible for all sports without restriction as of the date signed below
- Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / ___

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*

FORT MYERS HIGH SCHOOL

Athletic/Activities Dept. Transportation Permission Form

Memorandum

YEAR 2024-2025

To: Parent/Guardian of Fort Myers High School Student

From: Steven Cato, Athletic/Activities Director

Subject: Transportation for Athletic/Activity Events and Practices

From time to time when school/charter transportation is unavailable, it is necessary to transport students to activities via private vehicles. We need to have on file, permission for each to student to travel in a private vehicle. Please initial the appropriate choice(s)

of travel for your child. Student and parent/guardian must sign and date the bottom of the **form**.

- Student will be transported by parent or guardian.**
- Student may ride with the coach/teacher.**
- Student will drive his/her own car and may transport siblings (with student driver Information on file).**
- Student may be transported by another parent (with that parent's driver information on file)**

Student Name (Print) _____

Name of Sport/Activity _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Driver Information

Necessary information for parent/guardian and student drivers will need to be on file in the Fort Myers High School Athletic/Activities Dept. for the duration of the school year and includes the following:

1	Driver's Name	
2	Driver License #	
3	Car registration #	
4	Make and model of car	
5	Insurance Co Name	Policy #
6	License Plate # of Car	State

Chris Engelhart
Principal

Misty Bernard
Assistant Principal

Jana Holcomb
Assistant Principal



Michael Coser
Assistant Principal

Kelly Heinzman-Britton
Assistant Principal

Steve Cato
Athletic/Activities Director

FORT MYERS SENIOR HIGH SCHOOL

2635 Cortez Boulevard • Fort Myers, Florida 33901 • Phone: (239) 334-2167 • Fax: (239) 334-3095 • www.leschools.net

Fort Myers High School Student Athlete Behavior Contract 2024-2025

Athlete's Name: _____

Fort Myers High School invites all students who possess the ability, attitude, cooperative spirit and desire to favorably represent our secondary schools to become candidates and participate in our interscholastic or extracurricular activities programs. Student participation in these school activities is a privilege. Participants are representatives of their school communities; they often have higher visibility, receive greater recognitions, assume leadership roles and become examples for their peers. This creates a duty and responsibility on the part of a participant to conduct himself or herself, on and off school property, in a respectful manner. In order to maintain a high level of excellence in interscholastic or extracurricular activities, all candidates are required abide by the rules set forth in the School District of Lee County Student Code of Conduct. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

The following violations may result in suspension or dismissal from the _____ Athletic Program:

1. Participation in any illegal activity, in school or away from school.
2. Missing practice (unless excused by the Coach).
3. Excessive absences/tardies in school as defined by the Lee County School Board Policy.
4. Skipping class or school.
5. Poor sportsmanship.
6. Harassment (verbal/physical/sexual/etc.)
7. Inappropriate use of social media platforms. Inappropriate use may include, but not be limited to: profanity, racial slurs and other derogatory language including remarks regarding any member of any school community, demeaning statements or threats that endanger the safety of another person, and/or incriminating photos or statements regarding illegal criminal behavior, underage drinking, and use of illegal drugs, sexual harassment or violence.
8. Acts of violence, on or off the field of play.
9. Any act (either in school or away from school) which in the opinion of the coaching and/or school administration, reflects in a negative manner on the school community.
10. The Principal has the final determination of the outcome for any and all offenses and has the authority to override or enact any and all consequences.

By signing below, you affirm that you have read this and fully understand the rules set forth by this Contract. You are also stating that you understand that violations of this behavior contract and the School District of Lee County Student Code of Conduct could result in your being dismissed from the athletic program.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



THE SCHOOL DISTRICT OF LEE COUNTY

STUDENT-ATHLETE: _____

THE COACH'S PLEDGE

A Coach extends beyond the knowledge of athletics and reaches into the life of each of his or her players. It is one of the most important responsibilities in Lee County and involves at least the same level of commitment that coaches expect from their players. Mutual respect and team membership are to be expected equally of player and coach.

As a coach in my school, I pledge to:

- Represent my team, school, and community in a positive manner at all times
- Uphold the policies of the Florida High School Athletic Association and the School District of Lee County
- Make sure each student-athlete is academically and medically eligible
- Be a model of appropriate language and behavior always promoting the safety of each athlete
- Respect and dignify each of my athletes as an individual
- Be fair and consistent promoting and encouraging each athlete to realize his or her fullest potential
- Impose time demands that acknowledge the primary importance of each athlete's academic and family responsibilities
- Promote among all athletes and coaches a positive sense of team culture
- Reflect in my coaching the most current strategies and best practices
- Assist with the post-high school planning of my players as it relates to athletics
- Be available to parents at a time that is mutually convenient
- Work with other school personnel in supporting the best interest of each one of my student-athletes
- Maintain any required coaching credentials
- Understand there may be consequences, including dismissal from the team, for breaking this pledge

I have read the above statements and pledge to live up to them:

Coach Name (print) _____

Coach Signature _____

THE PLAYER'S PLEDGE

I have been chosen to represent my school and community on a School District of Lee County's athletic team. As such, I realize that I will be expected to perform at the highest level on the team, in the school, and in the community.

As a player in my school, I pledge to:

- Represent my team, school, and community in a positive manner at all times
- Uphold the policies of the Florida High School Athletic Association and the School District of Lee County
- Become the best person, student, player and teammate
- Understand that as a student-athletic, I will be held to a higher standard
- Be on time for school, practices, and games
- Not use drugs, alcohol, tobacco, or associate with any illegal activity
- Respect my parents, teachers, and coaches
- Look for guidance from my parents, teachers, and coaches
- Correct any errors or mistakes when they are brought to my attention
- Understand there may be consequences, including dismissal from the team, for breaking this pledge

I have read the above statements and pledge to live up to them:

Player Name (print) _____

Player Signature _____

(over)

THE PARENT'S PLEDGE

My child has been chosen to represent their school and community on a School District of Lee County's athletic team. This is a tremendous privilege and responsibility that will be reflected in the months to come.

As a parent, I pledge to:

- Represent my team, school, and community in a positive manner at all times
- Encourage my child to become the best person, student, player and teammate
- Understand that they may be held to a higher standard and expected to demonstrate sportsmanship
- Ensure my child will not miss practices or games unless given prior permission from their coach
- Understand there may be consequences for issues with academics and behavior
- Support the decisions made by the coaches regarding my child and team
- Cheer appropriately, without criticizing players, coaches and other teams or families
- Appropriately schedule a meeting with the Athletic Director and/or Coach should the need arise
- Encourage my child to abstain from drugs, alcohol, and tobacco
- Understand that the team comes before the individual player and decisions made will reflect that philosophy
- Understand there may be consequences, including dismissal from the team, for breaking this pledge

I have read the above statements and pledge to live up to them:

Parent Name (print) _____

Parent Signature _____

