2026-2027 FHSAA Physical Packet
Cypress Creek Middle School
6th-8th Grade

*The FHSAA physical packet for the 2026-2027 school year must be completed using www.athleticclearance.com. Instructions for uploading the necessary documents are enclosed in this packet. Please see the list below for items that will need to be uploaded prior to clearance being granted.

Paperwork Requirements:

- FHSAA EL2 w/ Doctor, Parent, and Student Signatures, Exam Date, and Office Stamp. (Page 4)
- NFHS Concussion in Sports Certificate
- NFHS Heat Illness Certificate
- NFHS Sportsmanship Certificate
- NFHS Sudden Cardiac Arrest Certificate
- Transportation Release Form

Eligibility Requirements:

- CCMS Zoned/Approved School Choice Full Time Student
- Home School/FLVS Student Zoned for CCMS
- Full-Time Pasco eSchool Student that Resides in Pasco County
- 2.0+ GPA from Previous Semester

ONLINE ATHLETIC CLEARANCE

HOW TO COMPLETE YOUR CLEARANCE

Parent & Student Guide

homecampus.com

1 VISIT HOMECAMPUS.COM & LOG IN

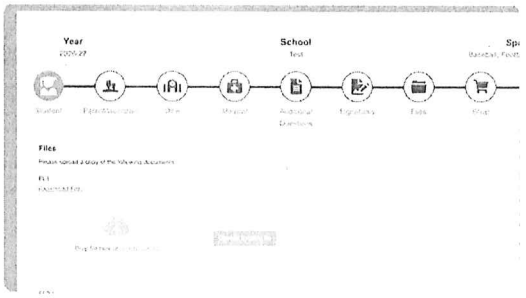
- Go to HomeCampus.com, select Parents & Students and click Florida.
- New Users: Create an account with a valid parent/guardian email as your username and a password.
- Return Users: Log in with your email and password from the previous school year.

2 SELECT START CLEARANCE HERE

- Select State, Choose your School Year, School, and Sport(s).
- Participating in multiple sports? Add all sports at once using Add New Sport.
- Adding a sport to an existing clearance? Click + Sport and verify your application data.

3 COMPLETE ALL REQUIRED SECTIONS

- Fill in Student Information, Parent/Guardian Information, Medical History, and Signature Forms.
- Return users: select your student/guardian from the dropdown — info will autofill.
- Signatures must be an EXACT match of what's on the Student & Parent/Guardian page.
- Upload required files (e.g. physical form). Use Choose Existing File to reuse a prior upload.



4 SUBMIT & WAIT FOR CONFIRMATION

- Click Submit Completed Application.
- You will see a Confirmation Message — your clearance is now submitted for school review.
- The student is NOT cleared yet — the school must review and approve before participation.
- You will receive an email notification once the school clears your student.

IMPORTANT: Reaching the Confirmation Message means your application has been submitted — but your student is **not yet cleared for participation.** The school's athletic department must review and approve. Watch for your email.

FREQUENTLY ASKED QUESTIONS

What is my username? Your username is the email address you registered with.

How do I register for multiple sports? Add all sports on the first step. If adding sports later, click + Sport and verify information.

Where do I find the physical form? Download it from the Medical History page or the Files Upload section.

Why haven't I been cleared yet? Your school reviews applications before clearing students. You will receive an email once cleared.

My sport isn't listed / I was denied. Contact your athletic department to activate a sport. For denials, check the email, update your clearance, then submit the application back to the school for review.

Questions? Use the orange Help button at the bottom-right of your screen

support@homecampus.com

HABILITACIÓN ATLÉTICA EN LÍNEA

PASOS PARA COMPLETAR SU HABILITACIÓN

Guía para Padres y Estudiantes

homecampus.com

1 VISITAR HOMECAMPUS.COM E INICIAR SESIÓN

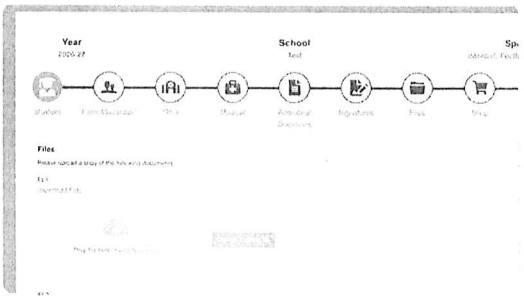
- Vaya a HomeCampus.com, seleccione Padres y Estudiantes y haga clic en Florida.
- Usuarios Nuevos: Cree una cuenta con un correo electrónico válido del padre/tutor como nombre de usuario y una contraseña.
- Usuarios Anteriores: Inicie sesión con su correo electrónico y contraseña del año escolar anterior.

2 SELECCIONAR INICIAR HABILITACIÓN AQUÍ

- Elija el Año Escolar, la Escuela y el/los Deporte(s).
- ¿Participa en varios deportes? Agregue todos los deportes a la vez usando Agregar Nuevo Deporte.
- ¿Agrega un deporte a una habilitación existente? Haga clic en + Deporte y verifique los datos de su solicitud.

3 COMPLETAR TODAS LAS SECCIONES REQUERIDAS

- Complete la Información del Estudiante, Información del Padre/Tutor, Historial Médico y Formularios de Firma.
- Usuarios anteriores: seleccione su estudiante/tutor del menú desplegable — la información se llenará automáticamente.
- Las firmas deben coincidir EXACTAMENTE con lo que aparece en la página del Estudiante y Padre/Tutor.
- Suba los archivos requeridos (p. ej., formulario físico). Use Elegir Archivo Existente para reutilizar una carga anterior.



4 ENVIAR Y ESPERAR LA CONFIRMACIÓN

- Haga clic en Enviar Solicitud Completada.
- Verá un Mensaje de Confirmación — su habilitación ha sido enviada para revisión escolar.
- ¡El estudiante AÚN NO está habilitado! — la escuela debe revisar y aprobar antes de la participación.
- Recibirá una notificación por correo electrónico una vez que la escuela habilite a su estudiante.

IMPORTANTE: Llegar al Mensaje de Confirmación significa que su solicitud ha sido enviada — pero su estudiante **aún no está habilitado para participar**. El departamento atlético de la escuela debe revisar y aprobar. Esté atento a su correo electrónico.

Preguntas Frecuentes

¿Cuál es mi nombre de usuario? Su nombre de usuario es la dirección de correo electrónico con la que se registró.

¿Cómo me registro para varios deportes? Agregue todos los deportes en el primer paso. Si agrega deportes más tarde, haga clic en Agregar Deporte y realice los cambios necesarios

¿Dónde encuentro el formulario físico? Descárguelo desde la página de Historial Médico o la sección de Carga de Archivos.

¿Por qué aún no he sido habilitado? Su escuela revisa las solicitudes antes de habilitar a los estudiantes. Recibirá un correo electrónico una vez aprobado.

Mi deporte no aparece / fuí rechazado. Contacte al departamento atlético para activar su deporte. Para rechazos, revise el correo, actualice su solicitud y envíela de nuevo para revisión.

¿Preguntas? Use el botón Ayuda en la parte inferior derecha de su pantalla

support@homecampus.com

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 of exam.

EL2
Revised 2/26

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 Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No
1	Do you have any concerns that you would like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
	HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		

	HEART HEALTH QUESTIONS ABOUT YOU *(continued)*	Yes	No
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
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)		
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 catecholaminerigc polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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

PREPARTICIPATION PHYSICAL EVALUATION (Page 2 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 of exam.

EL2
Revised 2/26

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

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
MEDICAL QUESTIONS		**Yes**	**No**
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
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?		

MEDICAL QUESTIONS *(continued)*		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

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: ___ / ___ / ___

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 of exam.

EL2
Revised 2/26

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	**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 #: _____

UPLOAD THIS PAGE

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 of exam.

EL2
Revised 2/26

* 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: (_____) _____

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.

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*

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction after clearance by medical specialist for: _____

(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/2S for documentation.)

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

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

_____

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and 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 #: _____

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

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is only required one time if used as a supplement to the EL1.

This form is valid for 365 calendar days from the date of exam if used as a supplement to the EL2.

EL1/2S

Revised 2/26

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM - Referred Provider Form

The Medical Eligibility Supplemental Form is required when a student must obtain further evaluation by a qualified medical specialist prior to clearance for participation in interscholastic athletics.

This form supplements eligibility documentation for referrals originating from either the EL1 - ECG Screening Form or the EL2 - Preparticiption Physical Evaluation. This form documents the specialist's evaluation, recommendations, and clearance status related to the medical concern identified during the initial screening/evaluation.

Completion of all applicable sections by the appropriate specialist is required before athletic clearance may be granted.

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)*

MIS Form #166
Rev. 02/23

DISTRICT SCHOOL BOARD OF PASCO COUNTY PARENT RELEASE

TRANSPORTATION BY:

School Bus/Van_____ Walking _____ Charter_____

Date of Field Trip_____ Sponsor _____

In consideration of_____having been accepted by the
Student Name - Please Print Date of Birth

principal, teacher(s), or other personnel of_____School of the District School

Board of Pasco County to go on a school sponsored trip to_____,
and I, the undersigned, understand that my child, if transported by a charter bus, school bus/van or walking, hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while going to, returning from, or attending said field trip or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge of said trip to incur expenses considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

In any situation in which the safety and security of students might be compromised (e.g., Red Alert Status issued by the Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the necessary steps to ensure the safety of its students and staff, including the cancellation of scheduled field trips and school events. Should this trip or event be cancelled as a result of such an event, the District cannot guarantee any monies (including deposits) will be refunded by the vendor(s) associated with this transaction. Therefore, students, parents, guardians, etc., are hereby cautioned and advised that the District will not be liable for any reimbursements associated with this event that are not refunded by the vendor(s) and returned to the District.

I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related conditions or allergies regarding my child. I understand that the trained school employee who usually dispenses medication may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with Board Policy 5330).

Please list any medication(s) your child is currently taking (at home or school): (Dosages/Times)

_____

Allergies:_____Additional Health Concerns: _____

_____ _____
Name of Parent or Guardian – Please Print Date

_____ _____ _____ _____
Signature of Parent or Guardian Primary Phone Alternate Phone Business Phone

_____
Street, Rural Route, or P.O. Box

_____ _____ _____
City State Zip Code

_____ _____
Name of Additional Emergency Contact / Relationship to Student Phone

DISTRIBUTION: White -School Canary – Teacher Pink-Parent

Course Ordering

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 an nfhslearn account.

OR

If you do not have an account, "*Register*" for an account.

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

Step 4: Scroll down to the specific course from the list of courses.

Step 5: Click "*View 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 these courses.)

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 an nfhslearn account.

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

Step 4: Click "*Begin Course*" on the course you wish to take.

For help viewing the course, please contact the help desk at NFHS. There is a HELP tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the ***NFHS Help Desk*** *at* ***(317) 565-2023****.*