



Health Examination Guidelines For Schools 2018

The University of the State of New York
The State Education Department
Office of Student Support Services



THE UNIVERSITY OF THE STATE OF NEW YORK

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Foreword

School Health Examination Guidelines provides local educational agencies with information on obtaining student health examinations completed by a private health care provider (health certificates) along with a framework for establishing the mandated health appraisal program (health examination completed by the district medical director). It explains the purpose of the health examination requirements and provides guidance for developing effective procedures including planning, implementation of local policies, and follow-up. This document is intended for use by administrators and school health personnel.

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General Information

Introduction

A student's mental and physical health can impact their ability to participate fully in school. Administrators and school health personnel should have current and complete information on each student's health status, along with any specific conditions which may interfere with the students ability to attend school and/or attend to instruction. It is particularly important for schools to have this information prior to school entrance for students with medical concerns, fragile medical conditions, or social–emotional issues that require routine or emergent care by school personnel.

Ideally, the student's primary health care provider (a physician, nurse practitioner, or physician assistant) should perform the health examination (aka physical examination). Knowledge of the student's family and home, previous illnesses and medical history, immunization status and other background factors assist in evaluating the total health status of the student. The primary health care provider is also in a position to institute any necessary therapeutic measures without delay.

Since this is not always feasible the district's director of school health services (commonly referred to as the district medical director) who is a physician or nurse practitioner is to perform a health examination on students who have not provided the school with a copy of the health examination (Education Law Article 19 section 904).

Legislative Background

Education Law Article 19 and Regulations of the Commissioner of Education require physical examinations of public school students:

- Entering the school district for the first time, and in grades Pre-K or K, 1, 3, 5, 7, 9, and 11 and at any grade level by school administration, in their discretion to promote the educational interests of the student (8 NYCRR § 136.3[b]);
- to participate in strenuous physical activity, such as interscholastic athletics (8 NYCRR § 135.4(c)(7)(i)(e) and 136.3(a)(8));
- upon student's request for an employment certificate (Education Law §3217); and
- when conducting an initial evaluation or reevaluation of a student suspected of having a disability or a student with a disability (8 NYCRR § 200.4 [b]).

A health examination performed by a private health care provider is referred to as a health certificate in law and regulation. A health examination performed by the school medical director is a health appraisal. Each certificate or appraisal must be signed by a duly licensed physician, physician assistant, or nurse practitioner, who is authorized by

law to practice in the state of New York (NYS). [Education Law Article 131 section 6526-exempt persons](#), lists exempted health care providers permitted to practice in the state without a NYS license, and therefore are able to perform a health examination and produce a health certificate to be submitted to NYS schools- including but not limited to a commissioned medical officer who is serving in the United States armed forces or public health service, or any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border.

Purpose of the Health Examination

The health examination serves multiple purposes such as:

- To make an appropriate assessment of the student's current health status;
- To determine the student is free from contagion; and fit to attend and participate in all aspects of the school program;
- To indicate the need and extent to which the school program should be modified to benefit the student;
- To communicate to the parent/guardian any findings which require further investigation and treatment; and
- To provide an opportunity to counsel the student and the parents/guardians concerning:
 - Any health issues or conditions detected; and/or
 - Securing appropriate care and supports in the school environment.

Health Certificates

Examination performed by private health care provider

A health certificate is the written document that is completed by a private health care provider following a complete history and physical examination. Each certificate or appraisal is to describe the condition of the student when the examination was made, which is not be more than twelve months prior to the start of the school year in which the examination is required, and shall state whether the student is in fit condition of health to permit his or her attendance in the public schools (Education Law Article 19 §903). The documentation of the exam must be completed on the form approved by the Commissioner of Education: [Required NYS School Health Examination Form](#) .

An increasing number of providers are using electronic records. Many also use electronic signatures, both of which may be accepted by a district if they choose to do so. Districts should inform parent/guardians of whether they will accept a form sent electronically directly from a private provider's office, or an electronic signature on a form. Any time a school has a question regarding the authenticity of a health certificate, they should verify the validity of the submitted certificate with the provider who signed it.

Please note: The NYS Boards of Medicine and Nursing recommend that family members who are healthcare providers should not conduct physical examinations on their children.

Education Law Article 19 §903 requires public schools to request a dental health certificate at the same time a health certificate/appraisal is required. Schools are also required to provide parents, upon request, with a [list of dental providers offering free or reduced care](#). Parents/guardians are encouraged, but not required, to submit a completed certificate of dental examination form signed by their dentist or registered dental hygienist to the school. See the following for more information and copy of a sample form: [Recommended Sample Dental Certificate](#) .

Notifications

Health certificates are required to be submitted within 30 days of the start of the school year [Education Law §903, 8 NYCRR §136.3 (c)(1)]. If the parent/guardian has not furnished a health certificate to the school within 30 days, then school officials must provide a written notification to the parent/guardian of the school's intent to provide a physical examination by health appraisal of their child at school by the district medical director as per Education Law §903(3)(a) and 8 NYCRR §136.3 (c)(1)(iii) if the parent/guardian does not provide the school with a health certificate within 30 days from the date of the notice.

In accordance with Education Law §910 and Public Health Law §2540, parental consent is required for health services, treatment and remedial care¹ (see Alfonso v. Fernandez, 195 A.D.2d 46 (1993) (distribution of condoms to high school students is a health service for which parental consent is required) and D.F. v. Bd. of Educ. of Syosset CSD, 386 F. Supp.2d 119 (EDNY 2005) aff'd, 180 F.Appx 232 (2d Cir. 2006) *cert. denied* , 549 U.S. 1179 [2007] (psychological testing in the student disciplinary context is a health service for which parental consent is required). However, as described above, Education Law §903 is an explicit statutory exception to the parental consent requirement and such consent is not required when the school is conducting an examination by health appraisal as required in Education Law §903 and 8 NYCRR §136.3(c) and (d) (*and see* 20 USC 1232h[c][4][B][iii] (federal statute relating to student surveys, analysis or evaluations contains exception that certain provisions do not apply to “any physical examination or screening that is permitted or required by an applicable State law, including physical examinations or screenings that are permitted without parental notification”).

¹ *Districts may obtain passive parental consent for health services, treatment and remedial care by providing opt out letters to parents before the beginning of the school year (see Alfonso v. Fernandez, 195 A.D.2d 46 (1993) (finding that there was no statutory authority to allow condoms to be dispensed, the distribution of which is a health service, to unemancipated, minor students without the prior consent of their parents or guardians or an opt-out provision).*

Health Appraisal

Examination Performed by the District Medical Director

A school health appraisal is a health examination conducted at school by the district medical director. This examination should include the following components for documentation on the [Required NYS School Health Examination Form](#) .

Components of a Health Examination

1. **Health History** – The majority of significant health problems are gleaned from a health history. The type of history is dependent on the reason why a physical examination is being performed, as well as previous histories available in the cumulative health record (CHR). Best practice is for the appropriate health history questionnaire to be completed by the parent/guardian prior to the physical examination. The Pre-Participation/Interval Athletic Health History Form (Appendix B) is recommended for use in conjunction with the Student Health Appraisal/Certificate Form (Appendix A.) The completed form should then be made available to the medical director for review at the time of the examination, and should become part of the student’s cumulative health record.

2. **School entrance health history** – is a comprehensive health history for new entrants which should include but is not limited to:
 - Past history
 - Developmental history
 - Immunizations
 - Childhood illnesses
 - Significant accident or injuries
 - Previous hospitalization
 - Allergies
 - Medications used
 - Surgery
 - Chronic illness
 - Family history
 - History of family disease
 - Physical environment
 - Current status
 - Oral health
 - Student’s health problems
 - Psychosocial factors
 - Serious of life threatening conditions
 - Review of systems
 - Related services provided per IEP or 504 plan

3. **Interval health history** – An update of health and medical history since the last history/physical examination was completed. This can be accomplished by

questionnaire, interview, or both. There are various types of interval histories and history questionnaires: e.g., the mandated interval athletic health history for sports participation, and locally determined interim grade level updates including changes in medical condition, or need for special accommodations.

4. **Comprehensive medical, developmental, and psychosocial history** – This in-depth history is taken when a student is referred to the Committee on Special Education, or is having academic or recurrent behavior problems.

Screening procedures –A BMI/WSC is required to be documented on the health appraisal or certificate. These additional evaluations should also be included as components of the health appraisal:

- Vision
- Hearing
- Scoliosis
- Blood pressure
- Diabetes screening - Consider for all students with BMI > 85th percentile meeting two one or more of the following:
 - ✓ Family history of type two diabetes;
 - ✓ Native American, African American, Latino, Asian American, or Pacific Islander descent;
 - ✓ Maternal history of gestational diabetes during the child's gestation; and
 - ✓ Signs of insulin resistance or conditions associated with insulin resistance:
 - Hypertension;
 - Acanthosis nigricans;
 - Polycystic ovarian syndrome; or
 - Small for gestational age birth weight
- Any other locally determined screening

These screenings are conducted by the medical director, who may delegate them to school nursing personnel. [Education Law, Article 19 §902(1)] Such delegation should be in written policy. The results are recorded on the student's CHR prior to the physical examination.

5. **Observations of behavior and performance**

Observations (both formal and informal) should be shared with school health personnel and administration as appropriate or required. Significant information should be documented.

Observations that should be noted include but are not limited to:

- altered interpersonal relationships
- change in physical appearance
- change in academic performance
- acute illness

- altered social-emotional behaviors
- speech, language, or motor deficits

6. Physical examination

The school physical examination must be provided by the district medical director who is a physician or nurse practitioner duly licensed in New York State. The student must be *separately and carefully examined*. (Education Law Article 19 §904.)

It is strongly recommended that the student be provided due regard for privacy and comfort and that a second adult such as the school nurse is present throughout the examination. Additionally, schools should check to see if the presence of a second adult throughout the examination is required by their insurance. Movable screens may be used for an examination area. The room, temperature, and lighting should be adjusted for the comfort of both examiner and examinee. School health professionals should use effective teaching and counseling skills to prepare students for the examination and to help them view it as an opportunity to learn more about their health.

The physical examination should be thorough and planned to allow sufficient time for direct health counseling between the examiner and the student (and, if present, between the examiner and the parent/guardian).

Physical examination procedure

Before beginning the examination, the examiner should review the CHR, noting the following:

- Health history if not familiar with the student's health history;
- Defects found and notes made at time of previous examinations;
- Record of height & weight along with corresponding BMI and weight status category;
- Results of vision & hearing screenings;
- Results of scoliosis screening(s) if age/grade appropriate;
- Immunization record; and
- Medical and dental reports.

Students should remove all clothing except undergarments. This can be accomplished in stages for young or apprehensive students. Disposable drapes/capes may be provided as needed. Student dignity and privacy should be a priority. The physical examination should include a full body screening conducted as indicated in both a seated and supine position of the following:

General appearance – body habitus, development proportion; physical distress level, alertness, attention span; gait, posture; general nutrition; muscle tone, coordination, involuntary movements, mobility; speech and behavior patterns.

Hair and scalp – texture, quality, distribution, pattern of loss, nits, lesions.

Skin – color, temperature, texture, pigmentation, thickness, hygiene, eruptions, lesions, scars, nails, body piercings, tattoos, branding and scarring.

Lymph glands – size, shape, mobility, consistency, tenderness

Head – size, configuration, symmetry.

Eyes – external structures, alignment, extraocular movements; pupils, conjunctiva, sclera, cornea.

Ears – external structures, ear canal, tympanic membrane.

Nose – septum, mucosa, turbinate, shape, discharge.

Mouth – lips; oral cavity – mucosa, teeth, tongue, frenulum, gingiva, tonsils, palate, pharynx.

Neck – thyroid, trachea, range of motion.

Cardiovascular – auscultate for rate, rhythm quality of heart sounds; extra/abnormal sounds (i.e., murmurs, gallops); presence of normal pulses including lower extremity.

Chest – size, shape, symmetry of thorax; breasts.

Lungs – rhythm and quality of respirations; breath sounds.

Abdomen – organomegaly, masses, tenderness, bowel sounds

Genitalia– Visual inspection to determine Tanner developmental stage is only required for 7th and 8th graders who are seeking a waiver to be permitted to participate in high school level interscholastic athletics, or high school students seeking a waiver to participate in lower level interscholastic athletics. The medical director may choose to determine if this portion of the exam is necessary in other instances (e.g. student does not have their own health care provider; precocious puberty, developmental concerns). See: [NYSED Athletic Placement Process](#)

Male: presence or absence of hernia or masses, penis, scrotum, testes, and developmental stage for Tanner rating;

Female: pubic hair, breasts, age of onset of menses. Girls giving a history of having gone through menarche, assigning a Tanner rating of five without a physical examination may be done at the professional judgment and discretion of the examiner, if the history given is consistent with observation of body appearance while clothed.

Please Note: *if a student of either gender refuses such an examination, the parent should be notified to arrange to have the examination done privately by the student's health care provider. Students should never be forced to undergo a health appraisal against their will. The examination must be completed in its entirety in order for 7th and 8th students to participate in high school level interscholastic athletics, or high school students seeking to participate in lower level interscholastic athletics. The medical director determines what constitutes a complete exam for all other students.*

Musculoskeletal – Muscle mass, tone and strength, general body size and symmetry; spine, posture; station and gait; extremities, joints; range of motion.

Neurological – mental status, speech/language, balance/coordination, motor, sensory, and reflexes as needed.

Health Counseling

Health conditions, whether minor or major, are of deep concern to the individual. On-site health counseling, directly related to the identified issue, concern, or symptom is most effective. Printed information sheets on age appropriate topics can be useful. Students and parents/guardians can be helped to identify sources for arranging for follow up care. Ideally school health professionals should provide an opportunity for the student and the parents/guardians to discuss the results of the examination along with any impact on the student and their educational program.

Additionally, student health examinations are opportunities to educate students about their personal health status, and any necessary follow up care. The examiner or a school nurse (who is an RN- counseling is outside the scope of practice for LPNs) can use these occasions to educate about positive health behaviors.

Referral

Following the examination, parents/guardians must receive a written notification of any health condition found by the examiner which may require follow up care by a health care provider [8 NYCRR §136.3 (a)(2) and 136.3(d)(4)]. For students without a primary health care provider this is an opportunity for school health professionals to provide the family with community resources and a list of health care providers accepting patients, along with information on applying for medical insurance if needed. School health professionals should monitor whether the student receives the recommended follow up care from a health provider.

Information received from the student's health care provider should be reviewed by the medical director, or the school nurse (who is an RN- assessment is not in the scope of practice for LPNs) if designated in writing by the medical director to do so. Health information should be shared with appropriate staff only on a need-to-know basis, as determined by the school administration in consultation with the district medical director.

Documentation

Any necessary program modifications and all pertinent data should be recorded on the student's CHR. If the examination has been requested by the district's Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE), all pertinent information about the student's health status should be provided to the CSE/CPSE.

Confidentiality

Referral and follow-through procedures, record-keeping, and sharing information with the CSE, student personnel services, administrators, classroom teachers, and others involve issues of confidentiality. School health records are considered educational records and are covered under the Family Educational Rights and Privacy Act (FERPA).

Circulating protected health information lists, such as medical diagnoses of students to all personnel, is not in compliance with FERPA. Best practice is that the medical director or school nurse discuss pertinent student health needs with appropriate personnel and provide written emergency care plans. More Information on FERPA is available at [US Department of Education- FERPA](#)

School health personnel and administration should be aware that private health providers follow confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA). Therefore, the private health provider may require written permission from the parent/guardian to share health information with the school. Likewise, the school must have written parent/guardian consent to share information with the health care provider- other than communication between school health personnel and private health care providers to clarify orders/treatment. A joint HIPAA and FERPA document is available that reviews these laws and how they apply to schools:

[Joint Guidance on the Application of FERPA and HIPAA to Student Records](#)

Religious Exemption

Health certificates/appraisals will not be required where a student, the parent, or person in parental relation to the student, objects to the examination on the grounds that the examination conflicts with their genuine and sincere religious beliefs. A written and signed statement from the student, parent or person in parental relation to the student that they hold such beliefs must be submitted to the principal or the principal's designee in which case the principal or principal's designee may require supporting documents.

Employment of Minors

All public school districts in New York State are required to issue employment certificates or permits except for child performer and model permits which are issued by the Department of Labor. Nonpublic and BOCES may issue employment papers to their own students. School superintendents have the authority to designate principals or other school officials to act as certificating officials.

A Certificate of Physical Fitness or equivalent must be presented to the certifying school official at the time of application. Such physical examination states that the student is healthy, and there are no known health problems at the time of application, and that the applicant is physically qualified for lawful employment. Acceptable documents certifying the student is fit to be employed are:

- School mandated grade level health appraisal or health certificate on the form prescribed by the commissioner;
- Interscholastic athletic physical examination on the form prescribed by the commissioner;
- Complete physical examination performed by a ²duly licensed physician, nurse practitioner, or physician's assistant; or
- Certificate of Physical Fitness (form AT-16) signed by a duly licensed physician, nurse practitioner, or physician assistant.

The physical exam must have been performed within 12 months of the date of issuance of the employment certificate by the school official. If a known health problem exists at the time of the application the school issuing the employment certificate may:

- Require a new physical examination - the school district must provide the physical examination if the applicant requests. [8 NYCRR §136.3(a)(9)]; or
- Issue a Limited Employment Certificate which is valid for six months.

Detailed information on working paper requirements is available: [NYSED Office of Student Support Services-Employment Certificating Officers Manual](#) and/or [NYSED Office of Student Support Services-Working Papers](#)

² See page 2 for details on what constitutes a duly licensed health care provider

Special Education

A physical examination and health screening in accordance with sections 903, 904, and 905 of Article 19 of the Education Law, is required of all students referred for an initial evaluation [8 NYCRR §200.4 (b)(1)(i) and 200.1 (mm)] to a Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE), to determine if a student is a student with a disability as defined in 8 NYCRR §200.1(zz) or a preschool student with a disability as defined in § 200.1(mm).

The physical examination may include a health certificate or appraisal, and/or reports from the student's primary health provider and/or any other specialists who have recently examined the student. A physical examination provides important information to determine if a student has a disability and whether there are special education supports and services needed to address a student's health and/or physical needs. A CSE or CPSE may determine that other specialized physical examinations, such as ophthalmologic, neurological or audiological evaluations are needed.

A reevaluation, which occurs at least once every three years after a student is determined to be a student with a disability, is conducted to determine a student's continuing eligibility for special education, as well as the student's individual needs, educational progress and achievement, and ability to participate in instructional programs in general education. There is no requirement that a physical examination be included for every student's reevaluation, however the CSE or CPSE may determine that a physical examination is necessary for a student.

Physical Education Program

Introduction

The physical education (PE) program includes physical education classes, intramurals, extramural, and interscholastic athletics. Health examinations for school attendance is an opportune time to determine whether a student can participate fully in the physical education program or if there are limitations. A *Sample Recommended Form-Medical Certificate of Limitations* is provided at the end of this document to assist providers in specifying limitations. Public schools must provide some form of physical education program for all students, including those with impaired health or developmentally challenged in physical fitness, size, or maturation. Students with limitations are to be provided an adaptive PE program.

To participate in interscholastic athletics, Commissioner's Regulations require a health examination and approval from the district medical director. This health examination requirement is not simply a procedure to qualify or disqualify a student from participation. The health examination of a student requires an evaluation of the individual's health and a consideration of his or her functional ability, growth, and maturation. The wide variety of sports and the various physical requirements for contact sports, endurance sports, and those that emphasize skill require consideration for the students' health and safety.

Decisions regarding the ability of a student to participate safely in a particular sport or activity should be individualized. Ideally the student's primary healthcare provider should be involved, and recommendations should be consistent with national standards of athletic participation. School administration should ensure that a student has been given due process, and that reasonable accommodations for safe participation are instituted as appropriate to allow every student to participate at their highest and safest level of ability.

Legislative Background

Boards of education are required to provide adequate health examination before participation in strenuous activity and periodically throughout the season as necessary, and to permit no pupil to participate in such activity without the approval of the school medical officer. [8 NYCRR §135.4(c)(7)(i) (e)]

A school shall require the immediate removal from athletic activities of any pupil who has sustained, or who is believed to have sustained, a mild traumatic brain injury. In the event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that the pupil has been so injured until proven otherwise. [8 NYCRR §136.5(d)(1)] No such pupil shall resume athletic activity until the pupil has been symptom free for not less than twenty-four hours and has been evaluated by and received written and signed authorization from a licensed physician; and for extra class

athletic activities, has received clearance from the medical director to participate in such activity. [8 NYCRR §136.5(d)(2)]

Extra-class periods of physical education (PE) means those sessions organized for instruction and practice in skills, attitudes, and knowledge through participation in individual, group, and team activities organized on an intramural, extramural, or interschool athletic basis to supplement regular physical education class instruction [8 NYCRR §135.1(h)].

Procedures

Physical Education

Physical education is a skill course to develop the student physically, socially, and emotionally with an emphasis on physical fitness. Students are provided opportunities to improve their basic skills and advance to more challenging and complex skills. All students have this opportunity through regular PE class instruction. Students in grades PreK-12 with special needs, and/or students who are unable to participate in regular physical education classes for longer than two weeks, are to be provided an adaptive/modified PE program. See [NYSED Physical Education, Athletics & Coaching Toolkit](#) for guidelines on Adapted PE.

Interscholastic Athletics

Health examinations are required to protect the health and safety of students before participation in strenuous activity and periodically throughout the athletic season as necessary. All students **must** have the approval of the district medical director prior to participating in interscholastic athletics³. It is at the discretion of the medical director to accept a private provider's physical or to perform the examination of the student. A medical director may delegate to a school nurse (RN) to review health certificates for participation in interscholastic athletics. If this task is delegated, the medical director should provide concise written protocols for the school nurse to follow when accepting a private medical provider's clearance. Such protocols should specify the type of symptoms, medical history etc. that the medical director will need to personally review.

The examination and/or approval of the district medical director should indicate the category or categories of interscholastic athletics in which the student may participate:

- ✓ contact/collision (basketball, competitive cheer, field hockey, football, gymnastics, ice hockey, lacrosse, downhill skiing, soccer, diving, and wrestling);

³ Schools with students in 7th or 8th grade who desire to play at a higher level or high school students who desire to play at the lower level, which includes [New York State Public High School Athletic Association- Unified Sports](#), should follow the guidelines for this process. Please see the following for details: [NYSED Athletic Placement Process](#). For schools with students desiring to play in with students of the opposite sex, which includes Unified Sports, should follow the process for [Mixed Competition](#)

- ✓ limited contact (baseball, fencing, softball, and volleyball); or
- ✓ non-contact (archery, badminton, bowling, cross-country, golf, riflery, tennis, swimming, and track & field).

More information on athletic participation qualifications for clinicians is available from the [American Academy of Pediatrics Medical Conditions Affecting Sports Participation](#) .

The health examination for qualifying a student's participation in interscholastic athletics is valid for a period of 12 continuous months- through the last day of the month in which the exam was conducted; and through the entire sports season, even if the exam's expiration is before the season is completed. [NYSED Memo- Information Regarding Sports Physicals](#)

Students and parents/guardians are responsible for providing the district with necessary health documentation, including a health certificate from their primary health care provider **if** the district medical director allows for private medical examinations for athletic participation. Not only is this system essential to the safe participation of athletes, but also teams discovered to have student athletes participating without proper medical clearance are subject to possible disqualification by their governing athletic organization. Cooperation between the student, parents/guardians, school health personnel, and the athletic department will provide the maximum safeguard of checks and balances to ensure that only qualified individuals are allowed to participate in athletic competition. Any student who fails to provide necessary documentation and completion of all health requirements is not be granted clearance to participate.

It is essential that school health personnel and school athletic personnel work to collaboratively to keep each other informed about a student athlete's health status- including but not limited to medical director clearance for participation, and changes in health status such as illness or injury. To ensure full communication between both groups the following should be done:

The district Director of PE and/or Athletic Director should:

- Provide a list of all student athlete candidates to school health personnel **before each** athletic season begins. This is to allow school health personnel to verify that all athletes have been cleared and have completed all health requirements for participation.
- Ensure the final team rosters are given to school health personnel at the **beginning** of each athletic season. This ensures a double check that the student has a current physical examination and has been cleared by the medical provider, or a current interval athletic history form has been received, and that school health personnel are aware of which students are participating in athletics in case a health issue arises that athletic personnel must be informed of.

District/school Health Personnel should:

Prior to participation in **each** athletic season, all students must be provided a health history form, [Sample Recommended NYSED Interval Health History for Athletics](#), for the parent/guardian to complete and sign- unless a physical exam has been completed within 30 days before the start of the season.

- The completed interval athletic health history form(s) should be filed in the student's cumulative health record, and removed after one year. If any new or significant health information is recorded on the interval health history, the health history form should be maintained in the CHR so that it remains a part of the student's permanent health record.

Injuries and Illnesses

It is recommended that that an accident report is completed following any accident or injury occurring at an athletic event, and that the school nurse, certified athletic trainer and/or medical director is notified by appropriate school staff.

In cases where safe participation is in question as a result of the health history interview, an injury, an acute or chronic disability, or prolonged absence; the medical director must clear the student prior to resuming participation. Supporting documents from private health care providers should be submitted to the district medical director who may or may not require an additional medical examination, and who will render a medical recommendation as indicated.

Concussions

In accordance with the Concussion Management and Awareness Act, the law requires that students who sustained, or are suspected to have sustained, a concussion during athletic activities are immediately removed from such activities. Students may not return to athletic activities until they have been symptom-free for a minimum of 24 hours and have been evaluated by, received written and signed authorization to return to activities from a licensed physician, and receive approval from the medical director. Such authorization(s) must be filed in the CHR.

Limitations to Participation

An athlete may not be approved to participate by the medical director due to an incomplete health examination, due to a health impairment, or the student's physical maturation level for students participating in the Athletic Placement Process only.

Whenever there is disagreement between a private health care provider and the district medical director, efforts should be made by both parties to come to agreement for

the health and safety of the student athlete. In these cases, primary concern should be on allowing an athlete to participate to the fullest level of their potential safely, and neither the demands of parents, athletes, or coaches should confound that focus.

Resources

[American Academy of Pediatrics- Medical Conditions Affecting Sports Participation](#)

[Bright Futures/American Academy of Pediatrics Toolkit- Health History Questionnaire](#)

[New York State Center for School Health](#)

[New York State Education Department Physical Education Program Tool Kit](#)

[New York State Education Department - School Health Services](#)

[New York State Public High School Athletic Association \(NYSPHAA\) Handbook](#)

Sample Recommended Form- Medical Certificate of Limitations

Directions: Please check the activity and level of activity in which the student may participate during physical education. Add any comments as appropriate.

Activity	Full Participation	Limited Participation	No Participation	Adapted PE	Comments
Ballroom Dance					
Line Dance					
Folk Dance					
Square Dance					
Hip-hop Dance					
Modern Dance					
Creative Dance					
Step Aerobics					
Aerobics					
Pilates					
Tae Bo					
Circuit Training					
Upper body exercises					
Lower body exercises					
Weight Training					
Archery					
Golf					
Tennis					
Badminton					
Table Tennis					
Frisbee Golf					
Handball					
Bowling					

Basketball					
Field Hockey					
Floor Hockey					
Lacrosse					
Soccer					
Team Handball					
Ultimate Frisbee					
Water Polo					
Water Volleyball					
Softball					
Kickball					
Pickleball					
Paddleball					
Volleyball					
Wall Climbing					
Wrestling					
Camping Skills					
Backpacking					
Canoeing					
Kayaking					
Orienteering					
X-Country Skiing					
Snowshoeing					
Fly Fishing					
Biking					
Project Adventure					

Swimming					
Lifeguarding					
Scuba/Snorkeling					
Water aerobics: Deep water Shallow water Water Jogging					
Water Safety					
Roller skate/ Roller blade					
Research Projects*					
Sport Officiating					
Reading Assignments*					
Wii Sports					
Wii Fitness					

***As Physical Education is a skill performance course, these activities may only be used on a very limited, short term basis.**

I recommend that the student _____ be enrolled in a(n):

- adapted physical education program
- regular physical education program with modifications
- regular physical education program

Dates of limitation duration: from _____ until _____

Comments _____

This will meet the needs of his/her medical limitations per the indications on the chart above.

Health care provider signature _____

Date _____

8NYCRR 135.4(c)(3) Attendance
(i) All pupils shall attend and participate in the physical education program as approved in the school plan for physical education and as indicated by physicians' examinations and other tests approved by the Commissioner of Education. Individual medical certificates of limitations must indicate the area of the program in which the pupil may participate.