



Health Examination Guidelines for Schools November 2022

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Foreword

School Health Examination Guidelines provides local educational agencies with information on obtaining student health examinations completed by a private healthcare 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 student's 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 private healthcare provider (a physician, nurse practitioner, or physician assistant) should perform the health examination. Knowledge of the student's family and home, previous illnesses and health history, immunization status and other background factors assist in evaluating the total health status of the student. A private healthcare provider is also in a position to order additional tests and institute any necessary therapeutic measures.

Since this is not always feasible, the district's director of school health services (a.k.a. medical director) who is a physician or nurse practitioner is required to perform a health examination on students who have not provided the school with a copy of the health examination conducted by a private healthcare provider. (Education Law § 904).

Legislative Background

Education Law Article 19 and regulations of the Commissioner of Education require health 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 determined by school administration, at their discretion to promote the educational interests of the student (Commissioner's regulation § 136.3[b]);
- to participate in strenuous activity (athletics) [Commissioner's regulation § 135.4(c)(7)(i)(e) and 136.3(a)(8)];
- upon student's request for an employment certificate (working papers) (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 (Commissioner's regulation §200.4[b]).

Education Law § 903 refers to a health examination performed by a private healthcare provider as a health certificate. In contrast, Education Law §904 refers to a health examination performed by the school medical director as a health appraisal. Each health certificate or health 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 § 6526- exempt persons](#), lists exempted healthcare providers

permitted to practice in the state without a NYS license, and who are therefore 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 parent/guardian concerning
 - Any health issues or conditions detected; and/or
 - Securing appropriate care and supports in the school environment.

Health Certificates

Examination performed by private healthcare provider

A health certificate is the written document that is completed by a private healthcare provider following a complete history and health examination. Each certificate or appraisal is to describe the condition of the student, when the examination was made, which may 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 §903). The documentation of the exam must be completed on the form approved by the Commissioner of Education: [Required New York State School Health Examination Form \(nysed.gov\)](https://www.nysed.gov/required-new-york-state-school-health-examination-form). The form must be completed in its entirety, with areas not completed marked as N/A instead of being left blank, to prevent those blank portions from being filled in after the healthcare provider has signed the form.

An increasing number of private healthcare providers use electronic health records (EHR). Healthcare providers must use an EHR equivalent health exam form. [Instructions for Completion of the New York State Health Examination EHR Compatible Form \(nysed.gov\)](https://www.nysed.gov/instructions-for-completion-of-the-new-york-state-health-examination-ehr-compatible-form) must be used to ensure it contains the same information in relatively the same order as on the [Required New York State School Health Examination Form](https://www.nysed.gov/required-new-york-state-school-health-examination-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 healthcare provider who signed it.

Please note: The NYS Boards for Medicine and Nursing recommend that family members who are healthcare providers do not conduct health examinations on their children. However, the practice is not illegal under NYS laws.

Education Law §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 to school within **30 days of the start of the school year** [Education Law §903, Commissioner’s regulation §136.3 (c)(1)]. If the parent/guardian has not furnished a health certificate to the school within the first 30 days of attendance, school officials must provide a written notification to the parent/guardian that if the parent/guardian does not provide the school with a health certificate within 30 days from the date of the notice, that the school will conduct a health examination of their child at school by the district medical director pursuant to Education Law §903(3)(a) and Commissioner’s regulation §136.3 (c)(1)(iii).

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 Fed.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 consent is not required when the school is conducting an examination by health appraisal as required in Education Law §903 and Commissioner’s regulation §136.3(c) and (d) (*and see 20 USC 1232h[c][4][B][ii]* (federal statute relating to student surveys, analysis or evaluations contains exception that certain provisions do not apply to “any health examination or screening that is permitted or required by an applicable State law, including health examinations or screenings that are permitted without parental notification”).

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 health

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).

examination is being performed, as well as previous history available in the cumulative health record (CHR). For health examinations conducted in schools, it is best if the health history questionnaire is completed by the parent/guardian prior to the health examination.

The [NYS Interval Health History Form \(nysed.gov\)](https://www.nysed.gov) is recommended for use for health exams conducted for school. This form has questions regarding individual and family health history along with signs/symptoms that may indicate a student is at risk of sudden cardiac arrest (SCA) and requires further healthcare provider evaluation and clearance to participate in athletic and physical activities (Ed Law §923 and Commissioner's regulations §136.9).

The completed health history form should be made available to the medical director for review at the time of the health 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 life threatening conditions;
 - Review of systems; and
 - Related services provided per IEP or 504 plan.

3. **Interval health history** – An update of health and health history since the last health 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 [NYS Interval Health History Form \(nysed.gov\)](https://www.nysed.gov) for participation in athletic activities, and locally determined interim grade level updates including changes in health conditions 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 Body Mass Index (BMI)/Weight Status Category (WSC) is required to be documented on the health appraisal or certificate (Education Law §§903,904). These additional evaluations should also be included as components of a health examination:

- Mandated screenings
 - Vision (required in grades PreK or K, 1, 3, 5, 7, & 11);
 - Hearing (required in grades PreK or K, 1, 3, 5, 7, & 11); and
 - Scoliosis (required in grades 5 & 7 for females, and grade 9 for males).²
- Blood lead level (required in grades Pre-K and K);
- Blood pressure;
- Diabetes screening - Consider for all students with BMI > 85th percentile meeting two 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 should be conducted by the medical director or may be delegated to school nursing personnel. [Education Law §902(1)] Such delegation should be in written policy. The results are recorded on the student's cumulative health record (CHR) [Commissioner's regulations §136.3(e)(2)]. See the [New York State Center for School Health's \(schoolhealthny.com\)](http://www.schoolhealthny.com) Medical Director webpage for a sample delegation statement.

5. **Observations of behavior and performance**

Observations by teachers and other school personnel (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;

² Commissioner's regulation §136.3(e)

- change in academic performance;
- acute illness;
- altered social-emotional behaviors; or
- speech, language, or motor deficits.

6. Health Examination

The school health examination (a.k.a. health appraisal) 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 §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 (and the parent/guardian upon request). Additionally, schools should check to see if the presence of a second adult throughout the examination is required by their liability insurance policy.

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 health 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).

Health Examination Procedure

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

- 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
- Health and dental reports.

Students should remove all clothing except undergarments. This can be accomplished in stages for young or apprehensive students. Disposable drapes/capes should be provided as needed. Student dignity and privacy should be a priority. The health 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 recommended 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. See: [Athletic Placement Process for Interscholastic Athletic Programs for details.](#)

Male: Visualization of pubic hair, penis and scrotum development stage for Tanner rating.

Female: Visualization of pubic hair and breast development for Tanner rating. Ask age of onset of menses. For females giving a history of having gone through menarche, assigning a Tanner rating of five without a visualization 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 refuses such an examination, the parent should be notified to arrange to have the examination done privately by a healthcare provider. Students should never be forced to undergo a health appraisal against their will.*

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, may be 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 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 encourage and 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 private healthcare provider [Commissioner's regulations §§136.3(a)(2) and 136.3(d)(5)]. For students without a primary healthcare provider this is an opportunity for school health professionals to provide the family with community resources and a list of healthcare providers accepting patients, along with information on applying for health 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 healthcare provider should be reviewed by the medical director or the school nurse (who is an RN- assessment is not in the scope of practice of 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

As noted earlier, health examinations for school conducted by a private healthcare provider or a district medical director are to be on the [Required New York State School Health Examination Form](#) or an EHR equivalent form, see [Instructions for Completion of the New York State Health Examination EHR Compatible Form \(nysed.gov\)](#). In New York City, health examinations conducted for school are to be on the [ch205-child-adolescent-health-examination-form-English \(azureedge.net\)](#).

Health examination and health history forms are to be kept in the cumulative health record (CHR) in accordance with [Retention and Disposition Schedule for New York Local Government Records \(LGS-01\) 2020 School Health](#)].

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 is to 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 health 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 information with administration, who will then determine the school personnel who need to know. The medical director or school nurse will provide written emergency care plans to those school personnel. 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 the confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA). Therefore, the private healthcare 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 private healthcare provider- other than communication between school health personnel and private healthcare 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 Health Records](#).

Religious Exemption

Health certificates/appraisals for school attendance will not be required where a student, the parent/guardian, 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. 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 health 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 health examination on the form prescribed by the commissioner;
- Complete health examination performed by a³ duly 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 health 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 health examination- the school district must provide the health examination if the applicant requests. [Commissioner's regulations §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](#)

³ See page 2 for details on what constitutes a duly licensed health care provider

Special Education

A health examination and health screening in accordance with sections 903, 904, and 905 of the Education Law is required of all students referred for an initial evaluation [Commissioner's regulations §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 Commissioner's regulations §200.1(zz) or a preschool student with a disability as defined in § 200.1(mm).

The health examination may include reports from the student's private healthcare provider and/or any other specialists who have recently examined the student. A health 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 health 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 health examination be included for every student's reevaluation, however the CSE or CPSE may determine that a health examination is necessary for a student.

Physical Education Program

The physical education (PE) program includes physical education classes and may also include options for students to participate in athletic programs (a.k.a. sports) such as intramurals, extramural, Inclusive, and interscholastic athletics. Health examinations for school attendance is an opportune time to determine whether a student can participate fully in physical activities.

Requirements

Health Examinations and Director of School Health Services Approval for Athletics

Boards of education are required to ensure that their school district is prepared to provide adequate health examination before participation in strenuous activity and periodically throughout the season as necessary, and that procedures are in place to ensure no students participates in such activity without the approval of the school medical officer. [Commissioner's regulations §135.4(c)(7)(i) (e)]

Concussions

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 must be presumed that the pupil has been injured until proven otherwise. [Commissioner's regulations §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. [Commissioner's regulations §136.5(d)(2)]

Sudden Cardiac Arrest Prevention

Education Law § 923 requires the Education Commissioner to review the information developed by the Commissioner of Health to assist in the education and awareness of the signs and symptoms of pending or increased risk of sudden cardiac arrest. Such information is posted on the Department's website - [Sudden Cardiac Arrest \(SCA\) in Youth](#).

In addition, each school is required to include such information in any permission form or parent / guardian consent form or similar document that may be required for a student's participation in interscholastic athletics. The form shall also include such information or reference how to obtain such information from the Education Department's ([NYSED:SSS:School Health Services](#)) and the Department of Health's ([Sudden Cardiac Arrest \(SCA\) in Youth](#)) websites or on the school's website if one exists.

Any student displaying signs or symptoms of pending or increased risk of sudden cardiac arrest shall be immediately removed from athletic activities and shall not resume athletic activity until he or she has been evaluated by and received written and signed authorization from a licensed physician. Any student displaying signs and symptoms of sudden cardiac arrest shall be immediately removed from physical activities. Such authorization shall be kept on file in the pupil's permanent health record.

Commissioner's regulations §136.9 provide definitions and requirements for students removed from activities:

Athletic activities mean participation in sessions for instruction and practice in skills, attitudes and knowledge through participation in individual, group and team activities organized on an intramural, extramural, interschool athletic or inclusive athletic basis to supplement regular physical education class instruction, otherwise known as extra-class periods in physical education or extra-class activities.

Physical activities mean participation in physical education classes and recess or similar activities during the school day.

Any student who displays signs or symptoms of pending or increased risk of sudden cardiac arrest must be immediately removed from athletic activities and any person who displays signs or symptoms of pending sudden cardiac arrest must be immediately removed from physical activities.

A student removed from **athletic activities** may not resume such activities until the student has been evaluated by and received written and signed authorization from, a licensed physician. Additionally, public school students may not resume athletic activities until the student has also received clearance from the district's medical director.

A student removed from **physical activities** may not resume such activities until the student has been evaluated and received written and signed authorization from a healthcare provider.

The school must abide by any limitations or restrictions concerning school attendance and athletic or physical activities issued by the student's treating physician or a health care provider. The authorization to resume activities must be kept on file in the student's cumulative health record.

Physical Education (PE)

Physical education is a skill course to assist the student to develop 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 [Adapted Physical Education | New York State Education Department \(nysed.gov\)](https://www.nysed.gov) for guidelines on Adapted PE.⁴ Healthcare providers can use the Sample Recommended Medical Certificate of Limitations, which can be found on the [New York State Center for School Health Samples/Forms](https://www.schoolhealth.org/) website,

⁴ Commissioner's regulations 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.**

to communicate to schools any limitations to certain physical activities a student may have.

As required by Commissioner's regulations §136.9, any student who has signs and symptoms of sudden cardiac arrest SCA must be immediately removed from activity and may not resume the activity until they have been evaluated by and received written clearance from a healthcare provider (nurse practitioner, physician assistant or physician). See page 17 for additional details on SCA.

Athletics

To participate in athletics, Commissioner's regulations require a health examination. 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 their 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 students' health and safety. 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 athletics⁵.

Decisions regarding the ability of a student to participate safely in a particular athletic activity or physical activity should be individualized. 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. See page 7 regarding Tanner staging which is only recommended for use in the Athletic Placement Process and should not be conducted on students for any other reasons.

It is at the discretion of the medical director to accept a private healthcare provider's health examination or to perform the examination of the student. A medical director may delegate only to a school nurse (RN), NP or PA to review health certificates for participation in athletics. If this task is delegated, the medical director should provide concise written protocols for the school nurse to follow when accepting a private healthcare provider's clearance. Such protocols should specify the type of symptoms, history, devices needed, 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 athletic activities in which the student may participate:

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

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

In compliance with the Dominic Murray Sudden Cardiac Death Prevention Act, student athletes are to be screened for risk of sudden cardiac arrest (SCA), which is accomplished by obtaining and reviewing a thorough individual and family health history. The updated [NYS Interval Health History Form \(nysed.gov\)](#) contains questions to elicit potential risk factors for cardiac conditions and to identify students who need to see a healthcare provider for further evaluation. A [Sample Parent/Guardian Letter for Sudden Cardiac Arrest \(SCA\) Prevention](#) may be used to explain the purpose of completing the form.

Schools and directors of school health services (a.k.a. medical directors) are strongly encouraged to require the parent/guardian to return the completed [NYS Interval Health History Form \(nysed.gov\)](#) with the signed consent for participation in athletics.

The interval health history form will need to be reviewed by the medical director or an RN before participation in athletics. Certified athletic trainers cannot review the form as the form includes health information which exceeds their statutory scope of practice

Completed interval athletic health history forms should be filed in the student's cumulative health record. Generally the health history forms may be removed after one year [See ED-1 schedule for student health records at [Retention and Disposition Schedule for New York Local Government Records \(LGS-01\) 2020 School Health](#)]. Forms may be kept longer than the retention schedule requires at the discretion of school health personnel or school policy. An interval health history may need to be kept for more than one year to allow for comparison with subsequent forms to see if there are any changes. However, 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.

Students and parents/guardians are responsible for providing the district with necessary health documentation, including a health certificate from a healthcare provider **if** the district medical director allows for private health examinations for athletic participation and/or a completed interval health history **BEFORE** the start of the season. Not only is this system essential to the safe participation of athletes, but also teams discovered to have student athletes participating without proper health 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 necessary safeguards 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 to be granted clearance to participate.

It is essential that school health personnel and school athletic personnel work 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 allows school health personnel to verify that all athletes completed all health requirements before participating in try outs or practices; and
- 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 health examination or a current interval athletic history form that has been received and reviewed by a school nurse (RN) (and medical director as required in the medical director's delegation to the school nurse) has been cleared by the medical director, 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 alert the Director of PE and/or Athletic Director regarding:

- Any student on a roster who has not provided the necessary forms or who has not received medical director clearance to participate; and
- Any student who is diagnosed with or has a change in a health condition, or who has an injury.

Injuries and Illnesses

It is recommended that an accident report is completed following any accident or injury occurring at an athletic event, and that the medical director, and certified athletic trainer and school nurse if they are employed by the school, are 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 healthcare providers should be submitted to the district medical director who may or may not require an additional health examination, and who will render a health recommendation as indicated.

Concussions

In accordance with the [Commissioner's regulations §136.5](#), 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. Please see [Guidelines for Concussion Management in Schools \(nysed.gov\)](https://www.nysed.gov/guidelines-for-concussion-management-in-schools) for more information.

Sudden Cardiac Arrest

As required by Commissioner's regulations §136.9, any student athlete who displays signs and symptoms of pending or increased risk of SCA must be immediately removed from athletic activity and not resume the activity until they have been evaluated by and received written clearance from a physician.

Signs and symptoms that may indicate pending SCA:

- Fainting or seizure, especially during or right after exercise or with excitement or startle
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

See *Managing Emergency Health Care and Communicable Diseases in the School Setting* on [NYSED:SSS:School Health Services](https://www.nysed.gov/ssss/school-health-services) webpage for more information on planning for and responding to emergencies such as SCA.

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 healthcare 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](#)

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

[New York State Education Department - Physical Education](#)

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

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