

STUDENT HEALTH APPRAISALS GUIDELINES

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I. GENERAL

A. Introduction

A child's health can contribute to or inhibit ability to function satisfactorily in school. It is important for school authorities to have current and complete information about each child's health and any specific conditions which may obstruct or interfere with the learning process and about methods by which health can be maintained or improved.

Ideally, the child's primary health care provider should perform the health appraisal, including the physical examination component. Knowledge of the child's family and home, previous illnesses, immunization status, and other background factors assist in evaluating the total health status of the child. The primary health care provider is also in a position to institute, without delay, any necessary therapeutic measures.

School authorities should encourage parents to have their children examined regularly and request reports of the findings and recommendations. Because this is not always possible, school health services must be prepared to provide at least those physical examination required by Education Law and Regulations of the Commissioner of Education.

B. Purpose of the health appraisal

The health appraisal serves multiple purposes, whether provided by the child's health care provider or through the school health service program. Among the purposes served are to:

1. Make an appropriate appraisal of the child's current health status.
2. Provide information of value to the child, the parents, and school personnel which will:
 - a. Determine the child's fitness to participate in the school program
 - b. Indicate the need for and the extent to which the school program or selected aspects of the program should be modified to benefit the child
3. Discover any health problems which require further investigation and treatment, if such is indicated.
4. Provide an opportunity to counsel the child and the parents concerning:
 - a. Any health problems or conditions detected
 - b. Securing appropriate medical supervision
5. Provide a valuable and positive health experience for the child.

C. Legislative background

Education Law and Regulations of the Commissioner of Education require physical examinations of children when they:

- Enter the school district for the first time
- Are in grades 1, 3, 7, and 10
- Participate in interscholastic sports
- Need working papers
- Are referred by/to the Committee on Special Education
- Are deemed necessary by school authorities to determine a child's education program.

If a report of a child's examination is submitted from a primary health care provider, "it must be signed by a dully licensed physician who is authorized to practice medicine in New York State" or by a mid-level practitioner (nurse practitioner or physician's assistant) working in collaboration with the physician. "It shall describe the condition of the pupil when the examination was made and shall not be performed more than 90 days prior to presentation of such certificate to the school and state whether such pupil is in a fit condition of bodily health to permit his or her attendance" (Education Law, Section 903). Further, if the report is not submitted for a child whose examination is mandated, school authorities are required to notify the parents in writing that, if the report is not furnished within 15 days from the date of the notice, the child will be examined through the school health service program (Education Law, Section 904).

The Regulations of the Commissioner of Education, Part 136.3(a)(2) repeat the requirements of Education Law, Sections 903 and 904. Part 136.3(a)(13) and (14) requires school districts to provide physical examinations prior to participation of all candidates for interscholastic sports, and for the issuance of working papers. Commissioner's Regulations, Part 136.3(a)(3), (4), (5) and (10) specify the requirements for:

1. Recording the results of these examinations
2. Reporting to the parents in writing any condition found which may require professional attention.
3. Providing adequate guidance to parents, children, and teachers in procedures for preventing and correcting defects and diseases and for the general improvement of the health of school children.

D. Components of the health appraisal

The school health appraisal includes the following components:

1. **Health History** – 80 percent or more 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).
 - a. **School entrance health history** – is a comprehensive health history for new entrants which should include but is not limited to:
 1. Past history
 - (a) Prenatal history
 - (b) Perinatal history
 - (c) Neonatal history
 - (d) Developmental history
 - (e) Immunizations
 - (f) Childhood illnesses
 - (g) Significant accident or injuries
 - (h) Previous hospitalization
 - (i) Allergies
 - (j) Medications used
 - (k) Surgery
 - (l) Chronic illness
 2. Family history
 - (a) Age and general health of parents and siblings
 - (b) Education level of parents
 - (c) History of family disease
 - (d) Physical environment
 3. Current status
 - (a) Dental
 - (b) Family medical problems
 - (c) Child's health problems/allergies
 - (d) Behavior
 - (e) Psychosocial factors
 - (f) Review of systems
 - b. **Interval health history** – updates the health and medical history since the last history/physical examination was done. It is accomplished by questionnaire, interview, or both. There are various types of interval histories and history questionnaires, e.g., interval health history for sports participation.
 - c. **Comprehensive medical, developmental, and psychosocial history** – is an in-depth history including both of the above, as well as additional areas of concern. The history is taken when a child is referred to the Committee on Special Education or is having school/academic or recurrent behavior problems.

- d. **Episodic history** – is a brief, concise data base of information concerning an acute/current illness, injury, or emerging signs and symptoms of a health problem. After gathering the information, the situation usually requires a partial physical examination and plan for treatment/management immediately or in the near future.

The appropriate health history questionnaire should be completed prior to the physical examination. The completed form should then be made available to the examiner for review at the time of the examination, and become part of the child's cumulative health record (Commissioner's Regulations, Part 136.3).

- 2. **Screening procedures** – are supplemental evaluations of:
 - a. Vision
 - b. Hearing
 - c. Scoliosis
 - d. Blood pressure
 - e. Height and weight
 - f. Urine specimen for glucose and protein as determined by school/district/policy guidelines
 - g. Any other screenings locally determined

These are conducted by school nursing personnel and the results recorded on the child's CHR prior to the physical examination. All significant findings are to be reported to the parent in writing to facilitate further evaluation, diagnosis, and treatment, if indicated. Reports of such follow-up evaluations should be returned to school nursing personnel and recorded on the CHR.

- 3. **Observations of behavior and performance**
Parents and all school staff observe students in varying settings. Observations (both formal and informal) of behaviors indicative of:
 - a. altered interpersonal relationships
 - b. underlying health problems
 - c. impairment of school function
 - d. acute illness
 - e. atypical characteristicsshould be shared with school nursing personnel and other school authorities as appropriate or required. Significant information should be documented for future reference.

- 4. **Physical examination**
 - a. The school physical examination must be provided by:
 - 1. Physician duly licensed to practice medicine in New York State; or

2. Nurse practitioner certified in New York State or by a registered physician assistant employed by the designated school physician.
- b. The child must be *separately and carefully examined*, with due regard for privacy and comfort (Education Law, Section 904).

Even in the smallest health office, 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. Health services personnel should use effective teaching and counseling skills to prepare students for the examination and to help them view it as a valued opportunity to learn more about their health.

The physical examination should be thorough, sufficiently personalized to provide a desirable educational experience, and planned to allow time for direct health counseling between the examiner and the student (and, if present, between the examiner and the parents).

- c. Physical examination procedure
 1. Before beginning the examination, the examiner should review the CHR, noting:
 - (a) Health history (comprehensive and/or interval)
 - (b) Defects found and notes made at time of previous examinations
 - (c) Records of height and weight (growth chart)
 - (d) Results of vision and hearing screenings
 - (e) Results of scoliosis screenings
 - (f) Medical and dental reports
 - (g) Other pertinent health informationStudents should remove all clothing except undergarments. This can be accomplished in stages for young or apprehensive students. Disposable drapes should be provided as needed.
 2. The physical examination should include assessment of the following:
 - (a) *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
 - (b) *Hair and scalp* – texture, quality, distribution, pattern of loss, nits, lesions
 - (c) *Skin* – color, temperature, texture, pigmentation, thickness, hygiene, eruptions, lesions, scars, nails

- (d) *Lymph glands* – size, shape, mobility, consistency, tenderness
- (e) *Head* – size, configuration, symmetry
- (f) *Eyes* - external structures, alignment, extraocular movements; pupils; conjunctiva, sclera, cornea
- (g) *Ears* – external structures, ear canal, tympanic membrane
- (h) *Nose* – septum, mucosa, turbinate, shape, discharge
- (i) *Mouth* - lips; oral cavity – mucosa, teeth, tongue, frenulum, gingiva, tonsils, palate, pharynx
- (j) *Neck* – Thyroid, trachea, range of motion
- (k) *Cardiovascular* – Heart pulsations for rate, rhythm quality of heart sounds; extra/abnormal sounds (i.e., murmurs, gallops)
- (l) *Chest* – size, shape, symmetry of thorax; breasts
- (m) *Lungs* – rhythm and quality of respirations; breath sounds
- (n) *Abdomen* – organomegaly, masses, tenderness
- (o) *Genitalia** -
Male: penis, scrotum, testes, developmental stage (Tanner Scale), presence or absence of hernia
Female: developmental stage (Tanner Scale), pubic hair
- (p) *Musculoskeletal* – Muscle mass, tone and strength, general body size and symmetry; spine, posture; station and gait; extremities, joints; range of motion.
- (q) *Neurologic* – mental status, speech/language, balance/coordination, motor, sensory, reflexes as needed.

E. **Health instruction and counseling**

Pupil health examinations offer ideal opportunities to help students learn about their personal health status, specific health problems, and the course of action needed for a solution. The examiner or school nursing personnel can use these occasions to inform each child about his/her health assets and compliment the child on the best health behaviors demonstrated. Personal health problems, whether minor or major, are of deep concern to the individual. On-site health instruction or personalized health counseling, directly related to the identified problems, concern, or symptom is most effective. Students and parents can be helped to identify: specific steps which must be taken to correct a problem, sources for further care, ways in which the child's educational program may need to be modified, and the reasons for these actions. Reinforcement of positive health behaviors also may increase the individual's self-esteem and the value she or he places on wellness.

* *When examiner performs this component, it is advisable to have another adult present.*

F. Referral, follow-through, and recording

Following the examination, parents should receive a written notification of all health problems or conditions found by the examiner, particularly those which require further investigation by the child's primary health care provider. A member of the school nursing personnel should provide an opportunity for the child and the parents to discuss the significance of the findings and to express any concerns they may have about these findings and the impact any of the conditions detected may have on the child and his/her educational program. At the time of the conference, parents and/or students should be given a referral form (see Sample Forms) and should be requested to return, or have their health care provider return, the completed form to the appropriate school health office. Those who do not have a health care provider may need help in locating an appropriate, available community resource for the necessary follow-up investigation.

A member of the school nursing personnel should be designated to monitor the referral and the recommended action plan to assure that the child receives the care recommended and that the school receives information from the health care provider in a timely manner.

Information received from the child's health care provider should be reviewed by a member of the school nursing personnel and/or the examiner. Where indicated, and as appropriate, the information received should be shared with the school administrator, pupil personnel services staff member(s), and classroom teachers. Any necessary program adjustments should be made and all pertinent data should be recorded on the child's CHR. If a return visit or additional school monitoring is requested, a "tickler file" should be developed to assure that school nursing personnel will remind the parent and the child of the need for the repeat examination or will carry out the monitoring procedures as scheduled.

If the examination has been requested by, or if the child will be referred to, the district's Committee on Special Education (CSE), a summary of all pertinent information about the child's health status and specific, significant health problem should be provided to the Committee to help it in its deliberations and decision-making process.

G. Confidentiality of information

Referral and follow-through procedures, record-keeping, and sharing information with the CSE, pupil personnel services, administrators, classroom teachers, and others involve, to a greater or lesser degree, issues of confidentiality. The "need to know" must be balanced against the individual's right to privacy. School health records are among the school records legally listed as confidential. Health record information may be shared with personnel of cooperating agencies only when the written consent of the child's parent or guardian is given.

SAMPLE: REFERRAL FORM (Universal)

(District/School Name, Address, and Telephone Number)

Student's Name: _____ Date of Birth: _____

TO: (Parent/Guardian) Date: _____

A recent health appraisal of your child, _____, on
(date) _____ revealed the following condition(s) or concern(s):

which warrants further investigation. Please take your child to your family health care provider (doctor, dentist, clinic) for a complete evaluation, diagnosis, and, if indicated, treatment. If for any reason you are unable to do so, please contact the health office at your child's school for assistance.

When you take your child for evaluation, please ask your family health care provider to complete the attached form and return it to the health office at your child's school. Thank you.

(Signature)

(Title of Referring Staff Member)

TO: (Professional Examiner)

The following information will help us to better understand the needs of your patient and, if necessary, to adapt his or her program in accordance with these needs and your recommendations. Please also advise us of how we may reach you to share future information or to clarify any questions.

1. Date of examination: _____

2. Clinical findings: _____

3. Diagnosis: _____

4. Recommendations given to parents/child: _____

5. Will the child be receiving any medications? Yes No

If yes, please specify: _____

6. Must the medication be given during school hours? Yes No

If yes, please attach a written order for the school.

7. Are any modifications of the child's school program indicated? Yes No

If yes, please specify the nature and duration of the modification recommended:

8. Do you wish to see this child again? Yes No

If yes, please specify when: _____

9. Do you wish the child to be monitored by the school doctor or a school nursing staff member? (e.g., repeat hearing or eye tests, height and weight, blood pressure checks)?

Yes No

If yes, please specify the type of monitoring, frequency requested, and method of reporting desired (telephone or written): _____

Signature of examiner: _____

Name of Examiner: (please print or type) _____

Address: _____

Telephone Number: _____ Date: _____

II. EMPLOYMENT OF MINORS (Work Permits and Certificates)

A. Introduction

School districts in New York State are responsible for issuing employment certificates to qualified applicants. School superintendents have the authority to designate principals or other school officials to act as certifying officials.

B. Legislative background

Education Law, Section 3215-a requires schools to issue employment certificates. Labor Law contains provisions relating to minimum age for employment, prohibited employment, hazardous occupations, hours of work, minimum wages, payment of wages, unemployment insurance, apprenticeships, and occupational safety and health standards in areas not covered by Federal standards.

C. Procedures

1. Requirements of applicants

a. **Evidence of age** - Applicant must be between 12 and 18 years of age which is verified by:

1. Birth certificate
2. Baptism record giving date of birth
3. Passport
4. School records in existence for two years or more

b. **Parental signature**

1. Parent/guardian must sign all applications for employment (minor is responsible for securing the signature).
2. If applying for full-time work for the first time, the parent must appear personally at the school to sign unless the minor is a high school graduate.

c. **Certificate of physical fitness**

1. Physical examination must have been performed within 12 months prior to the issuance of certificate.
2. The school mandated grade level examination, interscholastic sports examination, or any other complete physical examination is acceptable.
3. The school district must provide the physical examination if the applicant so requests.

4. The Certificate of Physical Fitness must be presented to the certifying official.

Exception: A physical fitness certificate is not required for issuance of a Newspaper Carrier Permit if the applicant is qualified to participate in the school's physical education program. If the applicant is not qualified to so participate, a physician's permission is required..

d. Pledge of employment

Must be completed on Employment Certificate *only*:

- For a minor with a medical limitation (physical defect)
- For a minor 16 years of age, who is leaving school prior to high school graduation, and who resides in a district (New York City and Buffalo) which requires a minor under 17 years of age, who is not employed, to attend school.

e. School record

Must be completed *only* on:

- Child Model Permit
- Employment Certificate for minors residing in New York City or Buffalo.

f. Social Security number

It is not required for the issuance of the certificate but minors are encouraged to obtain one.

2. Applications

Once the application for either the Employment Certificate or the Employment Permit is completed, the employment form can be issued.

NOTE: All applications and Physical Fitness Certificates are to be kept on file for reference.

3. Forms

Forms issued by the certifying official include:

- a. Employment Certificate – valid for many types of employment.

1. *Nonfactory Employment Certificate* – Form AT-18

Issued to all qualified applicants who are attending school and are from 14 to 15 years of age. Valid for part-time work when school is in session, and for full-time work during vacation periods.

2. *Student General Employment Certificate* – Form AT-19

Issued to all qualified applicants who are attending school and are from 16 to 17 years of age. It is valid for part-time work when school is in session, and for full-time work during vacation periods. It is valid for factory work.

3. *Full-Time Employment Certificate* – Form AT-20
Issued to a minor who is leaving school or has graduated from high school. Applicants must be from 16 to 17 years of age. The certificate may be issued to a minor under age of 16 if the applicant is a high school graduate. In that case, it is not valid for factory employment.
 4. *General* – The above certificates are:
 - (a) Valid for two years
 - (b) When minor reaches age 16, he or she must apply for the Student General Employment Certificate. In this case, a new application and a new physical examination are required (if the exam has not been done within 12 months of the application date).
 - (c) Minors holding the Student General Employment Certificate who apply for a Full-Time Employment Certificate must also present a new application and certificate of physical fitness.
 - (d) Certificates must be signed by the minor in the presence of the issuing official.
 - (e) Certificates are not valid while school is in session, except for the Full-Time Employment Certificate.
- b. **Employment Permit** – Valid for many types of employment but are issued for a specific occupation to employed minors under the age of 14.
1. *Newspaper Carrier Permit* – AT-23
Issued to minors from 11 to 18 years of age to engage in the occupation of delivering, or selling and delivering newspapers, shopping papers, and periodicals. Valid indefinitely.
 2. *Child Model Work Permit* – AT-12
Issued to minors under 18 years of age for modeling work. The minor may work for several employers or a succession of employers. Each employer must sign the permit.
 3. *Farm Work Permit* – AT-24
Issued to minors from 14 to 18 years of age for farm employment. The permit must be signed by the employer to be valid.
 4. *Farm Work Permit* – Special – AT-25
This permit must be issued to 12 to 13 year olds for hand harvest of berries, fruits, and vegetables. The minor must be accompanied by his/her parent or guardian or have his written consent of the parent or guardian. Employers must sign the permit.

5. Street Trade Permit – AT-26
Issued to minor from 14 to 18 years of age to engage in occupations such as selling newspapers, periodicals, or working as a bootblack.

c. Other certificates

1. *Limited Employment Certificates*
Certificates must be limited by the examining physician if minor has a physical defect.
 - (a) Certificate is valid for a period of six months only.
 - (b) Minor must secure a job before certificate can be issued.
 - (c) The Certificate of Employment must be completed and signed by the employer.
2. *Duplicate Certificates*
 - (a) If a minor has two jobs, a second certificate must be issued for the second employment. It should be stamped “duplicate.”
 - (b) If minor loses a certificate or permit, a duplicate may be issued.
3. *Child Performer Permits*
All minors under age 16 must have permits to be employed as actors, singers, or dancers in plays, radio or television and other activities of this nature.
NOTE: Schools do not have the authority to issue these permits. The mayor or chief executive officer of the city, town or village where the activity will take place has the responsibility.

d. Certificate exceptions

1. No minor under 14 years of age may be employed in any capacity except:
 - (a) Child model
 - (b) Newspaper carrier, provided applicant is at least 11 years old
 - (c) Farm worker employed only in the hand harvest of berries, fruits and vegetables, provided applicant is at least 12 years old.
 - (d) A worker on minor’s home farm or doing other outdoor work not connected with a business for his/her parents or guardians.
2. An Employment Certificate is NOT required for:
 - (a) Caddying – minor must be 14 years of age.
 - (b) Babysitting – minor must be 14 years of age.
 - (c) Farm work if minor is 16 years old.

- (d) Minors working for their parents at outdoor work not connected with business.
- (e) College students 16 to 17 years of age employed by a nonprofit college, university, or faculty association.
- (f) Casual employment consisting of yard work, or household chores about the residence of a nonprofit, noncommercial organization not involving the use of power-drive machinery, provided the minor is at least 14 years old.
- (g) Any person who has reached his/her 18th birthday.

e. **Permitted working hours for minors under 18 years of age.**

The following chart is a summary of the permitted working hours provisions of the New York State Labor Law relating to minors under 18 years of age.

Child labor laws change as a result of legislation. Inquires concerning these laws and other provisions of the New York State Labor Law may be addressed to the Department of Labor, at one of the offices of the Division of Labor Standards listed below:

<i>City</i>	<i>Zip</i>	<i>Address</i>	<i>Telephone</i>
Albany	12240	State Office Building Campus	(518) 457-2730
Binghamton	13901	30 Wall Street	(607) 773-7127
Buffalo	14202	65 Court Street	(716) 847-7141
Hempstead	11550	175 Fulton Avenue	(516) 481-6064
New York City	11201	One Main Street (Brooklyn)	(718) 797-7499
Rochester	14614	155 Main Street West	(716) 258-4550
White Plains	10603	30 Glenn Street	(914) 997-9521

State of New York Department of Labor

PERMITTED WORKING HOURS FOR MINORS UNDER 18 YEARS OF AGE

Age of Minor (girls and boys)	Industry or Occupation	Maximum Daily Hours	Maximum Weekly Hours	Maximum Days Per Week	Permitted Hours
MINORS ATTENDING SCHOOL When School is in Session 14 and 15	All occupations except farm work, newspaper carrier and street trades.	3 hours on school days ¹ 8 hours on other days	18	6	7 AM to 7PM
16 and 17	All occupations except farm work, newspaper carrier and street trades.	4 hours on days preceding school days. 8 hours on days preceding non-school days including Sundays and Holidays.	28	6	6 AM to 10 PM ²
When School is NOT in Session (Vacation) 14 and 15	All occupations except farm work, newspaper carrier and street trades.	8 hours	40	6	7 AM to 9 PM June 21 to Labor Day
16 and 17	All occupations except farm work, newspaper carrier and street trades	8 hours	48 ³	6 ³	6 AM to Midnight ³
MINORS NOT ATTENDING SCHOOL 16 and 17	All occupations except farm work, newspaper carrier and street trades	8 hours	48 ³	6 ³	6 AM to Midnight ³
FARM WORK 12 and 13	Hand harvest of berries, fruits, and vegetables	4 hours	-	-	7 AM to 7 PM June 21 to Labor Day
14 and older	Any farm work	-	-	-	-
NEWSPAPER CARRIERS 11 to 18	Delivers, or sells and delivers newspapers, shopping papers or periodicals to homes or business places.	4 hours on school days 5 hours on other days	-	-	5 AM to 7 PM or 30 minutes prior to Sunset, whichever is later
STREET TRADES 14 to 18	Self employed work in public places selling newspapers or work as a shoe shiner	4 hours on school days 5 hours on other days	-	-	6 AM to 7 PM

A SCHEDULE OF HOURS OF WORK FOR MINORS UNDER 18 YEARS OF AGE MUST BE POSTED IN THE ESTABLISHMENT BY THE EMPLOYER.

¹ Students 14 and 15 enrolled in an approved work study program may work 3 hours on a school day. 23 hours in any one week when school is in session.

² 6 AM to 10 PM or until midnight with written parental and educational authorities consent on day preceding a school day and until midnight on day preceding a non-school day with written parental consent.

³ This provision does not apply to minors employed in resort hotels or restaurants in resort areas.

III. COMMITTEE ON SPECIAL EDUCATION (CSE) COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE) REFERRALS FOR INITIAL EVALUATION AND TRIENNIAL REVIEW

A. Introduction

Children who are referred to the Committee on Special Education (CSE) or the Committee on Preschool Special Education (CPSE) must have a physical examination as part of their individual evaluation in accordance with the provision of Section 904 of the Education Law. This physical examination shall be at no cost to the parent or guardian of the child. A physical examination of each child classified as disabled must be completed every three years as part of the mandated triennial reevaluation.

While only the term “physical examination” is used in the Education Law and in the Regulations of the Commissioner of Education, it is recommended that this examination be a complete health appraisal. These children are being referred for evaluation and possible classification as a student with a disability. It is imperative that any physical, developmental, or psychosocial factors contribution to the child’s inability to learn in the regular education setting be identified (Regulations of the Commissioner, Part 200.4(b)(2)(vi) Children with Handicapping Conditions).

B. Legislative background

The legislative basis for complete health appraisal of children referred to the Committee on Special Education or the Committee on Preschool Special Education and triennial reviews is within Sections 207 and 4403 of the Education Law. It is also identified in the Regulations of the Commissioner of Education, Part 200 – Children with Handicapping Conditions. Appropriate citations include:

1. 200.1(w) *Medical services* means only evaluative and diagnostic services provided by a licensed physician to determine whether a child has a medically related disability which may result in the child’s need for special education and related services.
2. 200.4(b) *Individual evaluation*...an individual evaluation of the referred student shall be initiated by a committee on special education and shall include, at no cost to the parent, at least a physical examination in accordance with the provisions of sections 903, 904, and 905 of Education Law.
3. 200.4(b)(2)(vi) The child shall be assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, vocational skills, communicative status, and motor abilities.

4. 200.4(f)(4) A committee on special education shall arrange for an appropriate reexamination of each student with a disability at least every three years by a physician, a school psychologist, and to the extent required by the committee on special education, by other qualified appropriate professionals. The triennial evaluation shall be sufficient to determine the student's individual needs and continuing eligibility for special education.

C. Health appraisal recommendations

1. A complete health appraisal for such a child should include, but not be limited to:
 - a. A careful individual and family health history with special attention to prenatal, perinatal, and neonatal history, and the child's neurodevelopmental progress with identification of any development delays.
 - b. A physical examination with special attention to the neurological system review and neurodevelopmental evaluation.
 - c. Notation of any psychosocial information gleaned during the history and physical examination.
2. Any evaluation of a child for the Committee on Special Education must be done using the child's dominant language. If the child is not verbally communicative, it will be necessary to use whatever mode of communication is appropriate. The parent, guardian, or caretaker of the child should be present to assist with communication if necessary.
3. The procedure for obtaining a complete health history and doing an appropriate physical examination may be found in the general section of this document. It is especially important to emphasize those aspects of the health history and physical examination which will help to determine whether a child has a medically related disability which may result in the child's need for special education and related services.
4. When the Committee on Special Education meets to review all evaluation data, professional school health services personnel (i.e., school nurse, nurse-teacher, or practitioner) should be present to interpret the findings obtained during the pupil health appraisal. Often questions arise during the meeting for which the professional nurse is best qualified to provide answers. School health personnel should take the initiative to ensure their participation in Committee on Special Education deliberations.

III. INTERSCHOLASTIC ATHLETIC HEALTH APPRAISALS

A. Introduction

This section replaces all information and policies regarding participation on interscholastic athletic teams which were previously provided in the State Education Department's bulletin, "Health Related Aspect of the Physical Education Program."

The examination of an athlete requires an evaluation of the individual's health and a consideration of his or her functional ability, growth, and maturation. The sports evaluation is not simply a procedure to qualify or disqualify a student from participation. The wide variety of sports and the different physical requirements for contact sports, endurance sports, and those that emphasize skill allow school physicians to recommend some kind of sport participation for everyone, even those with impaired health or below par in physical fitness, size, or maturation. Many individuals are qualified for participation in any sports activity. Others, because of immaturity or health problems, have some choice of activity, although it may be limited to nonstrenuous activities that require more skill than stamina.

With increased public interest in sports and physical fitness, health counseling designed to prevent injuries when possible, and, more importantly, encourage sports participation as an important, health-promoting aspect of life is an essential component of the health care of young athletes.

It has been over 10 years since the American Medical Association last reviewed its list of medical conditions that disqualify athletes from sports participation. This list had become the standard source for most primary care and school physicians who perform preparticipation examinations and decide whether an athlete should be allowed to participate. However, because of medical and society change that have taken place during the past decade, many physicians now consider some of these recommendations obsolete. The American Academy of Pediatrics has developed a new set of preparticipation guidelines which the State Education Department recommends that school and primary care physicians consider when evaluating students for participation in school athletic programs.

While a thorough sports-oriented health appraisal is essential for qualifying students to participate in a school sports program, school health service and athletic department staff must develop monitoring and evaluation procedures to provide ongoing assessment of athletes during their period of sports participation and when considering involvement in a new sport during the year. Requalification procedures are important in safeguarding the health and safety of students participating in sports activities. A reliable history of injury or illness assessment during the sports period can protect against injury and assist students who need further diagnosis and treatment.

B. Purpose

Health appraisals of students before participation in interscholastic athletics are performed for two reasons:

1. To provide for the health and well-being of the athlete. Knowledge of the athlete's physical status, functional ability, growth, and maturation is necessary to make a medical decision as to the level of participation in athletics.
2. To identify significant health problems which may preclude safe and effective athletic participation.

C. Legislative background

Regulations of the Commissioner of Education, Part 135.4(7)(h) require boards of education to provide adequate health examinations 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 medical officer. In addition, Part 136.3(14) of the Regulations governing health services requires the same standards.

D. Procedures

The school physician has the final authority to determine the physical capability of a student to participate in a sport.

1. It is recommended, but not required, that the examination be performed by the school physician or nurse practitioner employed by the district. If the physical examination is performed by a community health care provider, the school physician must still authorize the student to participate in a sport.
2. It is recommended that the school physician consult with private physicians in all cases in question.
3. The final decision reached by the school physician must be based on two factors:
 - a. Safeguarding the health of the individual student
 - b. Assurance that the school is not exposing the student to an undue risk.
4. The examination and approval of the school physician shall indicate the category of activities in which the student may participate.
5. Medical examinations may be scheduled at any time during the school year. The results of the examination shall be valid for qualifying a student's participation for a period of 12 continuous months.

6. Prior to each sports season, school nursing personnel must review the student's attendance records and either interview the student to update the health history or have the parent complete an interval health history in order for the 12 months physical examination to be valid.
 - All students shall have a health history interview prior to the start of tryout practice sessions and at the beginning of each season unless the student receives a full medical examination within the immediately preceding 30 calendar days.
7. Any student whose safe participation is in question as a result of the health history interview, an injury, or a prolonged absence must be requalified by the school physician prior to participation.
 - The extent of injury and the nature of the illness will determine the need for requalification. This determination will be assessed on an individual basis in conjunction with school health personnel and the private health care provider, if appropriate. However, the final decision must be made by the school physician.
8. "Recommendations for Participation in Competitive Sports."
American Academy of Pediatrics (AAP) Policy Statement, May 1988, should be the criteria used by the school physician in the decision to qualify or disqualify the athlete's participation.
 - The above recommendations should only be used as a guideline. The school physician's judgment should remain the final arbiter in interpreting these recommendations for athletes on an individual basis.
9. The students' cumulative health record should be available to the examiner at the time of the physical examination.

E. Health appraisal recommendations

An athletic health appraisal should include but not be limited to:

1. An appropriate individual health history
 - a. Athletic health history – for the student wishing to participate for the first time in the school's interscholastic athletic program (See Sample.)
 - b. Interval health history – for the student wishing to participate in athletics who has been previously examined at school (See Sample: Interval Health History for Sports Participation.)
NOTE: Special attention to previous injuries, chronic diseases, and any other condition/disability that would be aggravated by sports participation (e.g., knee sprain, asthma, heart murmur) should be included in the history.

2. Screening Procedures
 - a. All procedures as noted under Pupil Health Appraisal
 - b. Urinalysis – albumin, glucose at the discretion of the school physician
3. Comprehensive physical examination as described in Pupil Health Appraisal with special attention to those conditions cited in AAP recommendations for participation in competitive sports.

F. Recommendations for participation in competitive sports

The preparticipation physical examination is a frequent reason for adolescent visits to a pediatrician. The most commonly used list of disqualifying conditions, published by the American Medical Association, was last revised in 1976. It has become increasingly obsolete because of changes in both safety equipment and society’s attitudes toward the rights of athletes to compete despite a medical condition that may increase the risk of sustaining an injury or aggravating a preexisting medical condition. Most, if not all, sports are associated with some risk. The physician, the athlete, and the parents must weigh whether the advantages gained by participating in athletics are worth whatever risks are involved.

To assist practitioners in deciding whether athletes should be allowed to participate in particular sports, the American Academy of Pediatrics’ Committee on Sports Medicine has compiled a list of recommendations. First, sport events were divided into groups depending on their degree of strenuousness and probability for collision (Table 1). These groups of sports were then assessed in light of common medical and surgical conditions to determine whether participation would create a substantial risk of injury. The committee’s recommendations are included in Table 2 so that when the examiner identifies a student with one of the listed conditions, reference can be made to the recommendation.

TABLE 1. Classification of Sports (Modified for New York State)

Contact/ Collision	Limited Contact/ Impact	Strenuous Noncontact	Nonstrenuous Noncontact
Field Hockey	Baseball	Crew	Archery
Football	Basketball	Cross-country	Bowling
Ice Hockey	Diving	Track and Field	Golf
Lacrosse	Gymnastics	Swimming	Riflery
Soccer	Handball	Tennis	
Wrestling	Skiing		

**American Academy of Pediatrics
(Modified for New York State)**

TABLE 2. RECOMMENDATIONS FOR PARTICIPATION IN COMPETITIVE SPORTS				
	Contact/ Collision	Limited Contact/Impact	Strenuous Noncontact	Nonstrenuous Noncontact
Atlantoaxial instability	NO	NO	YES(*)	YES
*Swimming: no butterfly, breaststroke or diving starts				
Acute illnesses	*	*	*	*
*Needs individual assessment, e.g., contagiousness to others risk of worsening illness				
Cardiovascular				
Carditis	NO	NO	NO	NO
Hypertension:				
Mild	YES	YES	YES	YES
Moderate	*	*	*	*
Severe	*	*	*	*
Congenital heart disease	+	+	+	+
*Needs individual assessment +Patients with mild forms can be allowed a full range of physical activities; patients with moderate or severe forms or who are post operative should be evaluated by a cardiologist before athletic participation.				
Eyes				
Absence or loss of function	*	*	*	*
In one eye				
Detached retina	+	+	+	+
*Availability of eye guards approved by the American Society for Testing and Materials may allow competitors to participate in most sports but this must be judged on an individual basis. +Consult ophthalmologist				
Inguinal hernia	YES	YES	YES	YES
Kidney: Absence of one	NO	YES	YES	YES
Liver: Enlarged	NO	NO	YES	YES
Musculoskeletal disorders	*	*	*	*
*Needs individual assessment				

(TABLE 2 - continued)

TABLE 2. RECOMMENDATIONS FOR PARTICIPATION IN COMPETITIVE SPORTS				
	Contact/ Collision	Limited Contact/Impact	Strenuous Noncontact	Nonstrenuous Noncontact
Neurologic				
History of serious head or spine Trauma, repeated concussions, Or craniotomy	*	*	*	*
Convulsive disorder:				
Well controlled	YES	YES	YES	YES
Poorly controlled	NO	NO	YES(+)	YES(++)
*Needs individual assessment +No swimming or weight lifting ++No archery or riflery				
Ovary: Absence of one	YES	YES	YES	YES
Respiratory				
Pulmonary insufficiency	*	*	*	YES
Asthma	YES	YES	YES	YES
*May be allowed to complete if oxygenation remains satisfactory during a graded stress test				
Sickle cell trait	YES	YES	YES	YES
Skin: Boils, herpes, Impetigo, scabies				
	*	*	YES	YES
*No gymnastics with mats, wrestling, or contact sports until not contagious				
Spleen: Enlarged	NO	NO	NO	YES
Testicle: Absent or Undescended				
	YES(*)	YES(*)	YES	YES
*Certain sports may require protective cup				

G. Disqualification

After careful medical examination, an athlete may be disqualified by the school physician based on physical impairment. However, Education Law, Section 3208-a, provides a due process procedure to students or their parents to petition the courts for relief from a school district's exclusion of the child from participation in an athletic program. This includes participation in intramural activities, interschool activities, extramural activities, and organized practice. In the event of such disqualification, school authorities should advise the parents and the student of the availability of this process. The court may then grant such a petition if it is satisfied that it is in the best interest of the student to participate in an athletic program and that it is reasonably safe to do so.

APPENDIX A SAMPLE

Physical will be conducted on:

Grade _____

Date _____

Time _____

ATHLETIC HEALTH HISTORY

SCHOOL NAME: _____

NAME: _____ **Birth Date:** _____

Participation in athletics is voluntary and is not a required part of the regular physical education program.

SPORTS ACTIVITIES

Identify any sports in which you do not wish your child to participate _____

THIS FORM MUST BE COMPLETED AND RETURNED ON THE DAY THE ATHLETE HAS HIS/HER PHYSICAL. THE APPOINTMENT DATE FOR THE PHYSICAL EXAMINATION IS IN THE UPPER LEFT HAND CORNER.

HEALTH HISTORY TO BE COMPLETED BY PARENT

Has your child ever had: (please check)

	YES	NO		YES	NO
Allergies/Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/Concussion	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problem/Murmur-Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Nose Bleeds/Frequent or Severe	<input type="checkbox"/>	<input type="checkbox"/>
Bladder/Kidney Problem or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Ankle Injury	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Back Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Fracture-Dislocation Bones/Joints	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Knee Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>
Ear Problems/Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>
Eye Problems/Vision Loss	<input type="checkbox"/>	<input type="checkbox"/>	Nose Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Injury to the Spleen	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Joint Sprain/Ligament Tear/Muscle Pull	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>

Is there a current medical examination on file in the nurse's office: YES NO

Is your child assigned to the Adaptive Physical Education Program or has he/she been in the Adaptive Physical Education? YES NO

Has your child been unconscious or lost memory from a blow on the head? YES NO

(over)

History Continued

Does your child have any of the following:

	YES	NO
One eye or severe uncorrectable loss of vision in one or both eyes.....	<input type="checkbox"/>	<input type="checkbox"/>
Severe hearing loss in both ears.....	<input type="checkbox"/>	<input type="checkbox"/>
One kidney.....	<input type="checkbox"/>	<input type="checkbox"/>
One testicle.....	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been ill for five (5) consecutive days?.....	<input type="checkbox"/>	<input type="checkbox"/>

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital either as a patient overnight or in the emergency room or for x-rays; required an operation; caused your child to miss a game or practice? _____ YES NO

Is your child under medical care now?..... YES NO
Has your child taken any medication in the past year?..... YES NO
If so, why? _____

Is your child taking any medications now?..... YES NO
If so, why? _____

Has your child ever fainted during exercise?..... YES NO
If so, explain. _____
Has there ever been sudden death in a family member under fifty (50) years of age?..... YES NO

Do you have any worries about your child's health or other questions you would like to discuss with a doctor?..... YES NO
Does your child have: orthodontic appliances?..... YES NO
Capped teeth?..... YES NO
Wear contact lenses for sports?..... YES NO
Wear glasses for sports?..... YES NO
Since your child's last physical examination, has your child had any injury or illnesses?.. YES NO

I agree with the above answers and consent to participation of my child in the interscholastic program of his/her school including practice sessions and travel to and from the athletic contests.

I also agree to emergency medical treatment as deemed necessary by the physicians designed by school authorities.

PARENT SIGNATURE: _____ **Date:** _____

(continued on next page)

FOR SCHOOL PHYSICIAN USE ONLY

This certifies that _____ is physically qualified to participate in the following categories of competition during the school year 20__ to 20__.

Any unmarked categories indicates disqualification from the particular group of sports activities.

CONTACT/COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS NONCONTACT	NONSTRENUOUS NONCONTACT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Field Hockey
Football
Ice Hockey
Lacrosse
Soccer
Wrestling

Baseball
Basketball
Diving
Gymnastics
Handball
Skiing-Cross Country
Skiing-Downhill
Softball
Volleyball

Crew
Cross-country
Track and Field
Swimming
Tennis

Archery
Bowling
Golf
Riflery

School Physician's Signature

Date

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

SCHOOL NAME: _____

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Student: _____ Age: _____
Grade (check): 7 8 9 10 11 12 Date of Birth: ____ / ____ / ____
Sport: _____ Level (check): Varsity JV Frosh Jr. High
Date of last health appraisal: ____ / ____ / ____ Limitations: Yes No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Note: “Yes” to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it will require a review and approval by the school physician before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be kept confidential.

HISTORY SINCE LAST HEALTH APPRAISAL:

If the answer to any of the following questions is “YES”, in PART C on the reverse side of this form, please describe the condition or situation that prompted your answer.

1. Any injuries requiring medical attention? Yes No
2. Any illness lasting more than five (5) days? Yes No
3. Taking medicine or under physician’s care at this time? Yes No
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? Yes No
5. Change in wearing glasses or contact lenses? Yes No
6. Any surgical operations or fractures? Yes No
7. Any treatment in a hospital or emergency room? Yes No
8. Developed any allergies? Yes No
9. Any chronic disease? Yes No

PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation that caused any questions in PART B to be answered "YES".

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: ____/____/____

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation:

- Approved Referred to School Physician

Signed: _____ Date: ____/____/____
 School Health Office

If referred to the School Physician:

- Requalified Disqualified

Signed: _____ Date: ____/____/____
 School Physician

