DEPARTMENT OF HEALTH * THE CITY OF NEW YORK * BOARD OF EDUCATION
INTERSCHOLASTIC * SPORTS EXAMINATION * - CONFIDENTIAL

Regulation of the Chancellor

PART 1 to be filed in Student's Health folder

OSIS # ____________ I.D. # __________

NAME: ______________________________ SCHOOL: ___________ BOROUGH: _________

ADDRESS: ____________________________ HOMEROOM: ________ GRADE: _________

____________________________________ DATE OF BIRTH: ____________________

TELEPHONE: __________________________ EMERGENCY TELEPHONE: ______________

SPORT: ______________________________

SPORT: ______________________________

PARENTAL PERMISSION: I have reviewed the **STUDENT MEDICAL HISTORY** section below and I agree with the answers. I give permission for ______________________________ to have a physical examination. I understand that completion of the Maturation Index is optional.

SIGNATURE: ________________________

DATE: ______________ RELATIONSHIP: ________________________

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CLINICIAN'S RECOMMENDATIONS

Based on my review of the history and physical examination as noted below and on the back of this form, and review of the guidelines for this student:

(1) May participate in the following sports:
DRAW A LINE THROUGH ANY SPORTS TO BE OMITTED:

CONTACT	**ENDURANCE**	**OTHER**
Football	Gymnastics	Bowling
Baseball	Swimming	Golf
Basketball	Track & Field	Crew
Soccer	Cross-country	Cheerleading
Hockey	Tennis	Field Events
Wrestling	Volleyball	Archery
Lacrosse	Handball	
Softball	Fencing	
Cricket	Double Dutch	
Rugby		

PSAL PUBLIC SCHOOLS ATHLETIC LEAGUE

DATE OF LAST TETANUS BOOSTER: __________

(2) Special conditions for participation (e.g., pre-exercise medication or protective equipment), if any:

DATE: ______________________ SIGNATURE: __________________________
(CLINICIAN)

TELEPHONE: ____________________ NAME: (PRINT) __________________________

REGISTRY #: ____________________ ADDRESS: __________________________

____

STUDENT'S MEDICAL HISTORY

(To be filled out by student and parent) Clinician's Comments

Has anyone in your family under age 45 died suddenly Yes ___ No ___

Have you ever had:

- Concussion or been knocked out? Yes ___ No ___
- Fainting? Yes ___ No ___
- Heat Stroke? Yes ___ No ___
- Epilepsy, seizures, or fits? Yes ___ No ___
- Head or neck injury? Yes ___ No ___
- Very bad vision in one or both eyes? Yes ___ No ___

Do you wear glasses, contacts, other? Yes ___ No ___

Have you ever had:

- Hearing loss or deafness? Yes ___ No ___
- Perforated ear drum or "tubes" in ears? Yes ___ No ___
- Draining ears? Yes ___ No ___

PART 1 – STUDENT'S HEALTH FOLDER

STUDENT'S MEDICAL HISTORY CONTINUED:

(To be filled out by student and parent) ______ Clinician's Comments

Have you ever had:

- Sinus problems or hay fever? Yes ___ No ___
- Braces or removable teeth? Yes ___ No ___

Have you ever had:

- Any broken bones? __________________ Yes ___ No ___
- Dislocation or other serious problems? Yes ___ No ___
- Serious foot problem? Yes ___ No ___

Back injury or frequent backaches? Yes ___ No ___

- Ankle or knee injury or problem? Yes ___ No ___
- Other joint problems? Yes ___ No ___

Do you have a hernia? Yes ___ No ___

Boys: Any problems with testicles? Yes ___ No ___

Girls: Any menstrual problem? Yes ___ No ___

- Age at first menstrual period? ____________
- Do you miss school because of your period? Yes ___ No ___

Have you ever had:

- Diabetes? Yes ___ No ___
- Single illness for more than 10 days? Yes ___ No ___
- Any operations? Yes ___ No ___
- Easy bruising or bleeding tendency? Yes ___ No ___
- Anemia? Yes ___ No ___
- Asthma? Yes ___ No ___
- Bee sting allergy? Yes ___ No ___
- Other allergies (food or medicine) Yes ___ No ___
- Heart trouble or murmurs? Yes ___ No ___
- High blood pressure? Yes ___ No ___
- Cough lasting more than 3 weeks? Yes ___ No ___
- Chest pain or faintness with exercise? Yes ___ No ___
- Kidney problems? Yes ___ No ___
- Skin infections? Yes ___ No ___

Do you take any medicines? Yes ___ No ___

Do you smoke? Yes ___ No ___

Have you ever been told not to play any sport?

- Because of your health? Yes ___ No ___

PSAL
SCHOOLS ATHLETIC LEAGUE

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PHYSICAL EXAMINATION

A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.

Height: __________ Weight: __________ Pulse: __________ Blood Pressure: __________

Vision Uncorrected: L20/_____ R20/_____ Corrected: L20/_____ R20/_____

	Normal	Abnormal	Comments
Skin	______	______	______________________
Eyes	______	______	______________________
ENT	______	______	______________________
Mouth & Teeth	______	______	______________________
Neck	______	______	______________________
Cardiovascular	______	______	______________________
Lungs, Chest	______	______	______________________
Spine	______	______	______________________
Abdomen	______	______	______________________
Genitalia (Hernia)	______	______	______________________

Maturation Index ________________

Extremities

Orthopedic ______ ________ ______________________________

Neuromuscular ______ ________ ______________________________

Other tests, if done (Lab, ECC, ECT.)

Assessment: Plan:

GUIDELINES FOR DISQUALIFYING CONDITIONS FOR SPORTS PARTICIPATION

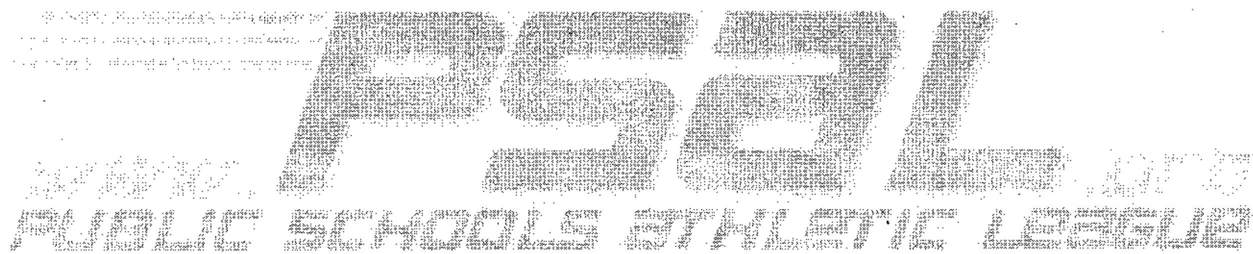
CONDITIONS	CONTACT	NONCONTACT ENDURANCE	OTHER
Acute infections: Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils, furuncles, impetigo	X	X	X
Obvious physical immaturity in comparison with other competitors	X		
Obvious growth retardation	X		
Hemorrhagic disease Hemophilia, purpura, and other bleeding tendencies	X		
Diabetes, inadequately controlled	X	X	X
Jaundice, whatever cause	X	X	X
EYES			
Absence or loss of function of one eye	X		
Sever myopia, even if correctable	X		
EARS			
Significant impairment	X		
RESPIRATORY			
Tuberculosis (active or under treatment)	X	X	
Severe pulmonary insufficiency	X	X	X
CARDIOVASCULAR			
Rheumatic heart disease coaretation or aorta, cyanotic heart disease, recent carditis or any etiology	X	X	X
Hypertension on organic basis	X	X	X
Significant residual heart disease following heart surgery for congenital or acquired heart disease	X	X	X
LIVER, enlarged	X		
SPLEEN, enlarged	X		
HERNIA, inguinal or femoral	X	X	
MUSCULOSKELETAL			
Symptomatic inflammation	X	X	X
Functional inadequacy incompatible with the contact or skill demand of the sport	X	X	
NEUROLOGICAL			
History of symptoms of previous serious head trauma or repeated concussions	X		
Convulsive disorder not completely controlled by medication	X		
Previous surgery on head or spine	X	X	
RENAL			
Absence of one kidney	X		
Renal disease	X	X	X

PSAL SCHOOLS ATHLETIC LEAGUE

GENITALIA

Absence of one testicle	X
Undescended testicle	X

The Guidelines for Disqualifying Conditions for Sports Participation listed on this form serve only as recommendations to the examining physician. The decision as to whether a student is qualified to participate should be individualized. In case of differences of interpretation the decision of the school physician has precedence. Appeals may be requested through established procedures.



IMPORTANT NOTICE TO PARENTS / GUARDIANS!

- New York State Commissioner of Education Regulations requires every student to have a physical examination before participating in senior high school interscholastic sport activities.
- The physical examination and the Department of Health/Department of Education Sport Examination form may be completed by the Department of Health physician at no cost to you, or, by your personal physician.
- The attached Sports Examination form is more comprehensive than the form it replaced. The purpose of this new form is to ensure that your child receives a complete physical examination prior to participating in interscholastic sports.
- The American Academy of Pediatrics, the New York City Department of Health and the Department of Education strongly recommend that every student have a complete physical examination including the Maturation Index prior to competing in interscholastic athletics. The Maturation Index* notes the stage of pubertal development and should be included for the protection of the student. The index is one indicator of a child's bone development and is helpful to the physician in assessing the total development of the child and his or her fitness for sports participation. However, as inclusion of the Maturation Index is optional, the parent/guardian decides whether or not the physician includes the rating. (If you do not want the physician to make an entry for the Maturation Index, write "No Maturation Index" to the left of your signature.)
- The term "clinician", appears on the Sports Examination form and refers to physicians, nurse-practitioners and physicians' assistant. The physical examination may be performed by any of these medical personnel.
- As the Sports Examination form indicates, the student's medical record is strictly confidential and is on file in the school medical office. The student's medical record is not part of his or her academic record, and is not subject to examination by anyone except authorized personnel.

<u>PLEASE NOTE:</u> ALL STUDENTS SHOULD RECEIVE REGULARLY SCHEDULED COMPLETE PHYSICAL EXAMINATION BY A PHYSICIAN OF THE PARENT/GUARDIAN'S CHOICE.

Parent notice misc. 02 25-1190.00.5 (250 PKGS) 2/03

***For more detailed information about the Maturation Index, please consult your physician**

Department of Education

PSAL PUBLIC SCHOOLS ATHLETIC LEAGUE

Public Schools Athletic League

Interscholastic Athletics Parental Consent Form

Students Name: ______________________ **Date of Birth:** ________________

High School: ________________________ **Official Class:** ________________

Sport: ____________________________ **OSIS Number:** ________________

1. I, the parent/guardian of the student named above, hereby, give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions throughout the City of New York. **Initial**____
2. I understand that my child will meet all PSAL practice and participation requirements. **Initial**____
3. I understand that my child is responsible for his/her behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team. **Initial**_____
4. I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. **Initial**_____
5. I understand that with the participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, and injury to bones, neck, spine or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating. **Initial**_____
6. I have received and read the "Concussion information Sheet". I agree to thoroughly read through the information sheet and report to the school if there is any change in my child medical condition. **Initial**_____
7. I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child. **Initial**_____
8. I agree to be responsible for the return of all equipment issued by the school to him/her. **Initial**_____
9. I understand and give permission for my child to travel unaccompanied on public transportation or accompanied on a DOE approved bus to and from all scheduled practices and competitions. **Initial**_____
10. I hereby give permission for my child's photograph and information about my child's performance in PSAL activities, together with my child's name, school and grade level to be put on the www.PSAL.org website, in accordance with the policies set forth in the DOE's Internet Acceptable Use Policy. **Initial**_____
11. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, telephone number or social security number. **Initial**_____
12. I hereby give permission for my child to be interviewed, videotaped and/or photographed by the media as it pertains to PSAL athletic contests. I also hereby release the Department of Education of the City of New York, and its agents and employees, from all claims, demands, liabilities whatsoever in the connection with the above. **Initial**_____
13. I hereby release, discharge, the New York City Department of Education, the City of New York, the New York City Public Schools Athletic League, and their employees of all claims, demands or causes of action which are in any way connected with my child's participation in this activity, except if such claims arise out of the gross negligence or willful misconduct of the New York City Department of Education, the City of New York, the New York City Public Schools Athletic League or their employees. **Initial**_____

In case of emergency, please contact me at: (____) ________________ or (____) ____________________

_________________________ _________________________ ____/____/____

PRINT – PARENT/GUARDIAN **SIGNATURE** **DATE**

I have found the medical certificate submitted by student and parent to be acceptable.

_________________________ ____/____/____

TEACHER/COACH SIGNATURE **DATE**

Concussions: The Invisible Injury

Student and Parent Information Sheet

Concussion definition

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

Facts about concussions according to the Center for Disease Control (CDC)

- An estimated 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visited the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

Requirements of School Districts:

Education:

- Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis, starting with the 2012-2013 school year.
- PSAL Coaches must complete the PSAL Concussion Management course

Information:

- Provide concussion management information and sign off with any parental permission form.
- The concussion management and awareness information or the PSAL web site must be made available on the school web site, if one exists.

Removal from athletics:

- Require the immediate removal from athletic activities of any pupil that has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the school medical director.

Symptoms

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover. It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared to return to activity by a physician.

Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear

- Such authorization must be kept in the pupil's permanent heath record.
- Schools shall follow directives issued by the pupil's treating physician.

fluid from the nose

PSAL's Guidance for Concussion Management

Schools are advised to develop a written concussion management policy. A sample policy is available on the PSAL website at www.psal.org. The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, physical education teachers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management program.

Concussion Management Team

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
  School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainer
- Physical Education Teacher and/or Coaches
- Classroom Teachers

Return to Learn and Return to Play Protocols

Cognitive Rest: Activities students should avoid include, but are not limited to, the following:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend school for short periods of time. Accommodations may have to be made for missed tests and assignments.

Physical Rest: Activities students should avoid include, but are not limited to, the following:

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

Return to Play Protocol once symptom free for 24 hours and cleared by School Medical Director:

Day 1: Low impact, non strenuous, light aerobic activity.

Day 2: Higher impact, higher exertion, moderate aerobic activity. No resistance training.

Other Resources

- New York State Department of Health
  http://www.health.ny.gov/prevention/injury_prevention/.concussion/htm
- New York State Public High School Athletic Association
  www.nysphsaa.org/safety/
- Center for Disease Control and Prevention
  http://cdc.gov/TraumaticBrainInjury
- National Federation of High Schools
  www.nfhslearn.com -- The FREE Concussion Management course does not meet education requirement.
- Child Health Plus
  http://www.health.ny.gov/health_care/managed_care/consumer_guide/about_child_health_plus.htm
- Local Department of Social Services – New York State Department of Health
  http://www.health.ny.gov/health_care/medicaid/ldss/htm
- Brain Injury Association of New York State- http://www.bianys.org
- Nationwide Children's Hospital – Concussions in the Classroom
  http://www.nationwidechildrens.org/concussions-in-theclassroom
- Upstate University Hospital -- Concussions in the Classroom
  http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php
- ESPN Video – Life Changed by Concussion
  http://espn.go.com/video/clip?id=7525526&categoryid=5595394
- SportsConcussions.org
  http://www.sportsconcussions.org/ibaseline/

Day 3: Sport specific non-contact activity. Low resistance weight training with a spotter. **Day 4:** Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. **Day 5:** Full contact training drills and intense aerobic activity. **Day 6:** Return to full activities with clearance from School Medical Director. Any return of symptoms during the return to play protocol, the student will return to previous day's activities until symptom free.	American Association of Neurological Surgeons http://www.aans.org/Patient%20Information/Conditions%20and%20Treatment/Concussion.aspx Consensus Statement on Concussion in Sport – Zurich http://sportconcussions.com/html/Zurich%20Statement.pdf