

**REPORT OF THE
DEPARTMENT OF EDUCATION AND
DEPARTMENT OF HEALTH ON**

**THE NEED FOR GUIDELINES FOR
HEALTH REQUIREMENTS FOR
SPORTS PARTICIPATION IN
THE PUBLIC SCHOOLS**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION

P.O. Box 2120

Richmond, Virginia 23216-2120

WILLIAM C. BOSHER, JR.
Superintendent of Public Instruction

Office: (804) 225-2023

Fax: (804) 371-2099

January 16, 1995

The Honorable George Allen
Governor of Virginia, and
The General Assembly of Virginia
Third Floor, State Capitol
Richmond, Virginia 23219

Dear Governor Allen and Members of the General Assembly:

The report transmitted herewith is pursuant to House Joint Resolution No. 165 of the 1994 General Assembly of Virginia. This resolution requested the Department of Education, in cooperation with the Department of Health, to study the need for guidelines for health requirements for sports participation in the public schools and submit its findings and recommendations to the Governor and 1995 Session of the General Assembly.

Respectfully submitted,


William C. Bosher, Jr.

WCBJr:jct
Attachment



PREFACE

This study of the need for guidelines for health requirements for sports participation in the public schools was conducted by the Department of Education, in cooperation with the Department of Health, in response to House Joint Resolution (HJR) No. 165 (1994 session).

The study was conducted during the fall of 1994 by an interagency study team under the leadership of Thomas L. Shortt, Director of Secondary Instruction, Department of Education. The members of the committee team were:

Carol R. Chory
Student Activities Coordinator
Virginia Beach Public Schools

Lynne Henshaw
Virginia Congress of Parents and
Teachers

Vanessa L. Crozier, co-leader
Secondary Instructional Specialist
Department of Education

Larry Johnson
Program Supervisor
Virginia High School League, Inc.

Nancy C. Ford, co-leader
School Health Nurse Consultant
Department of Health

Michael Petrizzi, M.D., Member
Sports Medicine Advisory Committee
Virginia High School League, Inc.

The reviewers of the report were:

Cecilia Barbosa
Department of Health

Sandra K. Dofflemyer
Department of Education

Elizabeth Bernard, D.M.D.
Department of Health

Grayson B. Miller, Jr., M.D.
Department of Health

A. Martin Cader, M.D.
Department of Health

Vito A. Perriello, Jr., M.D.
Virginia High School League, Inc.

Lin Corbin-Howerton
Department of Education

Ken Tilley
Virginia High School League, Inc.

The Virginia Department of Education and Virginia Department of Health gratefully acknowledge the assistance provided by those individuals who responded to the surveys. Their input and expertise were critical to the development of this document.

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EXECUTIVE SUMMARY

This study was conducted during the fall of 1994 in response to House Joint Resolution (HJR) No. 165 (1994 session). The resolution requested that the Department of Education, in cooperation with the Department of Health, to study the need for guidelines for health requirements for sports participation in public schools. This request was initiated by Delegates Robert G. Marshall and Jay O'Brien, responding to the need to protect the health status of all student athletes in Virginia's public schools. Refer to Appendix A for HJR No. 165.

Objectives of the Study

- Review current practices in the Commonwealth's public schools and in other states.
- Make recommendations specifying those illnesses and conditions that can and should be detected prior to authorizing sports participation.
- Make recommendations designating the appropriate roles of the Departments of Education and Health, local school divisions, coaches, teachers, parents, and students in developing; monitoring, and/or updating guidelines for health requirements for sports participation in the Commonwealth's public schools.
- Prepare a report presenting the research resulting from this study and the recommendations of the team.

Sources of Information

- Identification of *Code of Virginia* laws and regulations pertaining to health requirements for contagious diseases and school attendance.
- Review of *Virginia High School League, Inc. Handbook* sections germane to the issues of the study.
- Analysis of the development of the Virginia High School League, Inc.'s (VHSL) "Athletic Participation/Parental Consent/Physical Examination Form."
- Examination of the VHSL's "Infectious Disease Policy."

- Identification of the laws, regulations, and guidelines specifying illnesses and conditions that can and should be detected prior to authorizing sports participation.
- Analysis of the roles of the agencies, organizations, and others in the development, revision, and evaluation of guidelines for health requirements for sports participation.

Findings of the Study

- There are limited data available on the extent of youth sports injuries, illnesses, and conditions that pose a health risk to Virginia's student athletes.
- A major role of the Virginia Department of Health is assessing the public's health.
- The health requirements for contagious diseases and attendance laws and regulations are comprehensive insofar they address preschool physical examination requirements, documentation of immunizations, and communicable disease prevention.
- The VHSL's "Athletic Participation/Parental Consent/Physical Examination Form" adequately identifies students at-risk for athletic injuries and provides for a sport-specific evaluation.
- The VHSL is responsible for supervising competitions and high school activities and their jurisdiction does not extend to the middle and elementary school levels.
- The VHSL has the primary role for the development of guidelines for health requirements for sports participation.
- School Health Advisory Boards are available to all school divisions to address local sports participation health issues.
- Policies and guidelines for sports participation in Virginia public schools exceed those of most other states and are congruent with the American Academy of Pediatrics' recommendations.

Recommendations

- The Virginia Department of Health and the VHSL should devise a mechanism for the collection and analysis of data pertaining to conditions that create a substantial health risk to student-athletes.
- Current laws, regulations, and guidelines for health requirements for sports participation should be sufficient to protect Virginia's public school athletes.
- Consideration should be given to provide that elementary and middle school levels follow VHSL health guidelines for sports participation.
- The public schools in the Commonwealth should continue to require a preparticipation physical examination as specified by the VHSL.
- A representative of the Virginia Department of Health should be a member of the VHSL's Sports Medicine Advisory Committee.
- School Health Advisory Boards, agencies, and individuals should be encouraged to take an active role in reviewing and revising the VHSL's health requirements for sports participation by providing suggestions or recommendations to the League.
- The health care provider should identify illnesses and conditions that can and should be detected prior to authorizing sports participation in accordance with VHSL and AAP guidelines.
- Physicians making decisions about sports participation for students who have more than mild congenital heart disease or who have cardiac dysrhythmias should consider consulting a cardiologist and reviewing the report of the Seventeenth Bethesda Conference concerning cardiovascular abnormalities in the athlete and recommendations regarding eligibility for competition.

CHAPTER I. INTRODUCTION

Overview

Participation in sports fosters excitement, fun, fitness, improved health, and an opportunity to encounter challenges and master goals. For young Virginians, many sports activities involve team play that provides, in addition to improved fitness, the opportunity to work cooperatively, develop team goals, and learn the value of fair play.

Concomitant with the widely acknowledged benefits of participating in athletics, however, is the need for health assessment for sports participation to ensure the health and safety of all students. Efforts to prevent unnecessary injuries, as well as minimize the possibility of transmission of infectious disease from one athlete to another, have stimulated research and generated new information in the field of sports medicine.

Delegates Robert G. Marshall and Jay O'Brien introduced House Joint Resolution No. 165 in the 1994 Virginia General Assembly. The resolution requests that the Department of Education (DOE), in cooperation with the Department of Health, study the need for guidelines for health requirements for sports participation in the public schools. In concert with the Virginia High School League, Inc. (VHSL), the DOE is responsible for reviewing current practices in the Commonwealth's public schools and in other states, and making recommendations specifying those illnesses and conditions that can and should be detected prior to authorizing students' participation in sports. In addition, the DOE should designate the appropriate roles of the Departments of Education and Health, local school divisions, coaches, teachers, parents, and students in developing these guidelines. Refer to Appendix A for House Joint Resolution No. 165.

Study Approach

The Committee Team reflects not only the relevant agencies, organizations, and constituencies affected by the study, but also the background and expertise necessary to design, conduct, and interpret the study, as well as form recommendations on the issue. The team membership represents the Departments of Education and Health, the VHSL, local school divisions, coaches, athletic directors, teachers, parents, and the medical profession.

The following methods were used in conducting this study:

- analysis of current practices in Virginia;
- survey of current practices in other states;
- analysis of input received from interviews with key stakeholders and organizations;
- assessment of illnesses and conditions that can and should be detected prior to authorizing sports participation;
- identification of the appropriate roles of the Departments of Education and Health, school divisions, coaches, teachers, parents, and students in developing guidelines; and
- integration of information to determine the need for guidelines for health requirements for sports participation in the Commonwealth's public schools.

CHAPTER II. CURRENT STATE PRACTICES

Epidemiology of Athletic Injuries

As reported in "Epidemiology of Sports Injuries in Children" in *Sports Medicine: Pediatric and Adolescent Sports Medicine*, epidemiology research methods have long guided the attack on communicable and other diseases and are an appropriate approach to the study of athletic injuries. Epidemiology is the study of all the factors, and their interdependence, that affect the cause of health and disease in a population. It has been defined as the study of the distribution of disease (injury) in man and its determinants (causative agents). The epidemiology of sports injuries in youth is an important area of athletic research that deserves serious study, especially given that in today's society more children are participating in sports programs and are involved at an earlier age than ever before in the history of sports. There have been several attempts to collect athletic injury data on a national level using epidemiological methods. In Virginia, relatively little data are available on the extent of youth sports injuries.

Laws and Regulations

The *Code of Virginia* contains laws and regulations relating to health requirements for public school attendance and exclusion. Because sports participation in public schools is an extension of school, such laws and regulations should apply to health requirements for sports participation, including physical education and intra/interscholastic athletic contests. These laws and regulations include, but are not limited to, the following:

- Preschool physical examination (§22.1-254)

Requires all students entering public kindergarten or elementary school for the first time to have a comprehensive physical examination report from a qualified licensed physician performed no earlier than twelve months prior to date such student enters school.

[The most recent physical examination report form, entitled "School Entrance Physical Examination and Immunization Certification," (MCH-213C) was revised in October 1991 by the Committee for School Health Standards, whose membership included representatives from the Department of Health, the Department of Education, school divisions, local health departments, and the

Virginia Chapter, American Academy of Pediatrics and The Virginia Pediatric Society.]

- Immunization requirements (§22.1-271.2)

Requires documentary proof of immunization or notice of exemption be submitted to the admitting official of the school before a student is admitted to a school.

- Immunization of children against certain diseases (§32.1-46)

Requires children to be immunized by specified vaccines before the child attains specified age.

- Exclusion from school of children not immunized (§22.1-47)

Authorizes the State Health Commissioner to require that children be excluded from school upon an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease if not immunized against that disease.

- Contagious and infectious diseases (§22.1-272)

Requires that students suffering with contagious or infectious diseases be excluded from public school while in that condition.

- Confidentiality of test for human immunodeficiency virus (HIV); civil penalty; individuality action for damages or penalty (§32.1-36.1)

Requires that the results of tests to determine infection with human immunodeficiency virus be confidential, and that such information may only be released to persons specified in the code.

- Guidelines for school attendance for children infected with human immunodeficiency virus (HIV) (§22.1-271.3)

Requires the Board of Education, in cooperation with the Board of Health, to develop, and revise as necessary, model guidelines for school attendance for children infected with human immunodeficiency virus.

[Refer to Appendix D for "Model Guidelines for School Attendance for Children with Human Immunodeficiency Virus."]

- Surveillance and investigation (§32.1-39)

Requires the Board of Health to provide for the surveillance of and investigation into all preventable diseases and epidemics in the Commonwealth, and into the means for the prevention of such diseases and epidemics.

Virginia High School League, Inc. Participation Regulations

The VHSL is an organization of the public high schools in Virginia which join with the express written approval of their local school boards. The League encourages student participation in school activities by conducting or supporting programs of interscholastic activities in all fields. All but one of the state-accredited three-year and four-year public high schools in Virginia are members of the League.

The *Virginia High School League, Inc. Handbook* contains rules and regulations for health requirements for sports participation in public schools. Section 10-1-1 states:

One of the primary objectives of the League is to provide a safe, healthy environment in which students may experience wholesome, enriching athletic competition. In order to meet this objective, schools are encouraged to observe the following guidelines:

- (1) Conduct a preseason safety meeting for all sports for parents and players.
- (2) Insure adequate physical examination and conditioning of all athletes, stressing proper diet, adequate rest, and physical conditioning, including heat acclimation.
- (3) Allow only properly fitted and inspected player equipment to be used and guarantee that playing facilities are maintained to meet safe standards.
- (4) Emphasize that proper techniques are taught and followed, especially in regard to football blocking and tackling, wrestling moves, and gymnastics routines.
- (5) Establish athletic emergency procedures including first aid, communication, and familiarity with nearest emergency care facilities, together with ways to notify/transport injured persons to those facilities.
- (6) Provide certified trainers (or staff members and coaches who have taken athletic training courses).

(7) Review school's and League's insurance program to guarantee that all participants are adequately covered.

(8) Plan and implement an ongoing chemical awareness program designed to educate students and their parents concerning the harmful effects of alcohol/drug abuse.

(9) Promote amongst their student athletes and coaches an awareness of the dangers of using steroids and other performance enhancing substances and to undertake the development of a public position against their use.

Section 28-9-1 in the *Handbook* pertains to the rule affecting athletic participation, parental consent, and physical examination. The rule states "the student shall have submitted to the principal of his/her school, prior to becoming a member of any school athletic squad or team, League Form No. 2 (refer to Appendix B for "Athletic Participation/Parental Consent/Physical Examination Form"), completely filled in and properly signed, attesting that he/she has been examined and found to be physically fit for athletic competition, and that his/her parents consent to his/her participation." The following notes are also included under this section:

(1) The physical examination shall be required before any student is accepted as a squad member or is permitted to engage in tryouts or practice. Any person licensed to practice medicine or osteopathy may conduct the physical examination and may sign the form, as can a licensed nurse practitioner under the regulations of the state Boards of Medicine and Nursing and under the supervision and direction of a licensed physician.

(2) Students taking part in athletic contests should be in fit physical condition. This condition can be attained only through properly conducted and systematic training procedures. It is recommended that coaches and physical education directors insist upon strict observance of the accepted rules of training as a requisite for squad membership.

(3) Students who have been examined once during the period of May 1 of the current year through June 30 of the succeeding year (14 months) do not have to be examined again during that period unless they have had a serious injury or a serious illness. In case of a serious illness or serious injury, the medical doctor or doctor of osteopathy treating the student may specify in his/her release of the patient that the student is approved for athletic participation for the remainder of the school year.

Section 28-9-2, Penalty, states: "A student who has failed to fulfill the requirements of this rule shall be ineligible for practice or competition until such time as the requirements have been met. Schools failing to require strict adherence to this regulation may be subject

to such disciplinary action as the appropriate district committee may impose.”

Section 30-5-3, Specific Penalty for Giving False Information, states “If a student or his/her parent(s) or guardian gives false information, written or verbal, that affects his/her eligibility upon entering and/or during his/her eight semesters of eligibility, the student shall become ineligible at any VHSL school for a period of one year from the date the information is certified as being false.”

Virginia High School League, Inc. Athletic Preparticipation Form

As reported in “New Medical Standards for Virginia’s High School Athletes,” *Virginia Medical*, September 1989, the VHSL supplies athletic preparticipation forms to all public and private high schools in the Commonwealth. The form is designed to identify the student at high risk for injury and to evaluate for a specific sport in a practical and cost-effective manner. The current form reflects major revisions and expansion of a previous form. In 1989, after a two-year pilot program conducted by private pediatricians and an orthopedist in Charlottesville, a new revised health assessment form was adopted by the VHSL. Since then, this state-of-the-art form has undergone only minor changes. Refer to Appendix B for “Athletic Participation/Parental Consent/Physical Examination Form.” The current VHSL form is divided into five parts as described below.

- **Part I - Athletic Participation**

This section asks for demographic information and describes individual eligibility rules. The section is to be filled in and signed by the student.

- **Part II - Medical History**

This section seeks historical data, as in the old form, but has been expanded to incorporate questions aimed at identifying students with high-risk factors. The section is to be completed by parents and the athlete prior to the physical examination and is to be reviewed by the physician during the examination.

- **Part III - Physical Examination**

This section includes the traditional elements of a well-checkup, plus a few sport-specific items. It has been expanded to include the Tanner Stage of Maturation Index (pubertal development).

Also included are entries for percent body fat (using fat caliper) and exercise testing (resting, exercise, recovery pulse rates) to assess both nutrition and fitness. Body fat measurement is also helpful in monitoring athletes in weight

sensitive sports such as wrestling. Exercise testing is included to assess the student's cardiovascular condition and to screen for significant conditions such as arrhythmias and subtle murmurs. New emphasis is placed on the musculoskeletal system because of reports that the most common significant physical finding at this age involves previous injury or asymmetry, weakness or lack of flexibility, any of which may predispose students to injury while participating in athletic events.

- Part IV - Risk and Insurance

This section provides for parent/guardian consent for child/ward to participate in specified sports, acknowledgement of risk and insurance statement, and consent and approval to receive a physical examination. The section is to be completed and signed by parent/guardian.

- Part V - Emergency Permission

This section asks for information about health problems that might be significant to a physician evaluating a child in case of an emergency, including allergies, medications, contact lenses, and date of last tetanus shot. In addition, it requests permission for the physician to administer emergency treatment when the parent/guardian of the injured youth cannot be reached. The section is to be completed and signed by the parent/guardian.

Virginia High School League, Inc. Infectious Disease Policy

The VHSL has adopted an infectious disease policy recommended by the Sports Medicine Advisory Committee to the League. The goal of the policy is to minimize the possibility of transmission of any infectious disease from one athlete to another during practice or competition. The policy covers the basic recommendations of the American Academy of Pediatrics (AAP) and other national agencies overseeing these issues. Key components of the policy are listed below.

- **Usual Viral Illnesses:** Illnesses such as colds and influenza are generally spread through airborne transmission of the virus or through direct contact. Hand washing and covering sneezes and coughs are considered reasonable techniques for reducing the spread of these types of illnesses.
- **Skin Lesions:** Skin infections such as impetigo, athlete's foot, and non-genital Herpes can be spread by close contact and should be covered to allow participation.

- **Blood-Borne Pathogen Disorders:** The most serious infectious and contagious diseases concerning athletic participation are the blood-borne pathogen disorders. These are spread through contact with blood (as well as, bodily fluids such as semen and vaginal fluids) and most notably include Hepatitis B and Human Immunodeficiency Virus (HIV). Hepatitis B is a viral infection of the liver that can vary from mild inflammation to a severe life-threatening disease. Acquired immunodeficiency syndrome (AIDS) is a disease of the immune system caused by the Human Immunodeficiency Virus. No reports of transmission from sweat or saliva have been reported with HIV infection. To date there have been no substantiated reports of Hepatitis B or HIV infection being transmitted through athletic participation and the risk of this happening is very low, but theoretically it is NOT ZERO. Proper handling of injuries where blood is present can even further reduce the very low risk of transmitting these diseases in the school and on the playing field.

Mandatory testing has not been advocated by any medical organizations monitoring Hepatitis B or HIV disorders. The testing could produce a false sense of security with a negative test during the time between inoculation of an individual and the ability to recognize the presence of the virus. Thus, an individual could be contagious and still have a negative test. The screening tests are not 100% reliable and false positives and negatives have been reported. Additionally, there is concern about infringement of individual rights and the question of what to do if a positive test is obtained.

The athletes' Hepatitis B or HIV status is confidential information between patient and physician. No one else, including school officials, can be told without the parent's/guardian's permission. The athlete with one of these disorders should be encouraged to choose a sport with less contact and opportunity for bleeding than sports such as football, basketball, lacrosse, ice hockey, and wrestling. The athlete should also be instructed to take proper precautions with skin lesions, bleeding, etc. However, he/she cannot be forbidden from participating in whatever sport he/she desires. The decision concerning participation by an athlete with one of these disorders is a personal decision between the athlete and his/her parent(s)/guardian(s). This recommendation could certainly change in the future if any evidence for transmission via sports is documented. The policy is distributed annually to all member schools (refer to Appendix C for "Infectious Disease Policy").

Virginia Department of Education Guidelines for School Attendance for Children with Human Immunodeficiency Virus

The DOE developed guidelines for school attendance for children with human immunodeficiency virus as the result of House Joint Resolution 1974, requiring that the guidelines be completed by December 1, 1989, in cooperation with the Department of Health, and distributed after approval by the Board of Education. The guidelines, entitled "Model Guidelines for School Attendance for Children with Human Immunodeficiency Virus" were sent to division superintendents on November 29, 1989. The resolution also stated that each school board shall, by July 1, 1990, adopt guidelines for school attendance of children with HIV infection, and that they must be consistent with the guidelines for school attendance developed by the Board of Education. The DOE guidelines are comprehensive and up-to-date with present nationwide recommendations. Refer to Appendix D for "Model Guidelines for School Attendance for Children with Human Immunodeficiency Virus."

American Academy of Pediatrics Recommendations on HIV/AIDS in the Athletic Setting

The VHSL's "Infections Disease Policy" and the DOE's "Model Guidelines for School Attendance for Children with Human Immunodeficiency Virus" correlate with the AAP's policy statement, "Human Immunodeficiency Virus [Acquired Immunodeficiency Syndrome (AIDS) Virus] in the Athletic Setting." The AAP recommends:

1. Athletes infected with HIV should be allowed to participate in all competitive sports. This advice must be reconsidered if transmission of HIV is found to occur in the sports setting.
2. A physician counseling a known HIV-infected athlete in a sport involving blood exposure, such as wrestling or football, should inform him of the theoretical risk of contagion to others and strongly encourage him to consider another sport.
3. The physician should respect an HIV-infected athlete's right to confidentiality. This includes not disclosing the patient's status of infection to the participants or the staff of athletic programs.
4. All athletes should be made aware that the athletic program is operating under the policies stated in recommendations 1 and 3.
5. Routine testing of athletes for HIV infection is not indicated.
6. The following precautions should be adopted:
 - a. Skin exposed to blood or other body fluids visibly contaminated with blood should be cleaned as promptly as is practical, preferable with soap and warm water. Skin antiseptics (eg. alcohol) or moist towelettes may be used if soap and water are not available.

- b. Even though good hand-washing is an adequate precaution, water-impervious gloves (latex, vinyl, etc.) should be available for staff to use if desired when handling blood or other body fluids visibly contaminated with blood. Gloves should be worn by individuals with nonintact skin. Hands should be washed after glove removal.
- c. If blood or other body fluids visibly contaminated with blood are present on a surface, the object should be cleaned with fresh household bleach solution made for immediate use as follows: 1 part bleach in 100 parts of water, or 1 tablespoon bleach to 1 quart water (hereafter called "fresh bleach solution"). For example, athletic equipment (eg, wrestling mats) visibly contaminated with blood should be wiped clean with fresh bleach solution and allowed to dry before reusing.
- d. Emergency care should not be delayed because gloves or other protective equipment are not available.
- e. If the care giver wishes to wear gloves and none are readily available, a bulky towel may be used to cover the wound until an off-the-field location is reached where gloves can be used during more definitive treatment.
- f. Each coach and athletic trainer should receive training in first aid and emergency care, and be provided with the necessary supplies to treat open wounds.
- g. For those sports with direct body contact and other sports where bleeding may be expected to occur:
 - 1. If a skin lesion is observed, it should be cleansed immediately with a suitable antiseptic and covered securely.
 - 2. If a bleeding wound occurs, the individual's participation should be interrupted until the bleeding has been stopped and the wound is cleansed with antiseptic and covered securely or occluded.
- h. Saliva does not transmit HIV. However, because of potential fear on the part of those providing cardiopulmonary resuscitation, breathing (Ambu) bags and oral airways for use during cardiopulmonary resuscitation should be available in athletic settings for those who prefer not to give mouth-to-mouth resuscitation.
- i. Coaches and athletic trainers should receive training in prevention of HIV transmission in the athletic setting; they should then help implement the recommendations suggested above.

American Academy of Pediatrics Recommendations for Participation in Competitive Sports

As stated in *School Health: Policy and Practice*, 1993, intramural and interscholastic athletic programs can provide a valuable educational experience for all participants. Such school sports programs should strike a balance between maximizing participation and allowing for skilled and unskilled athletes to participate at levels commensurate with their abilities. Both intramural and interscholastic sports programs should safeguard athletes' health by stressing proper conditioning and providing good coaching, capable officiating, proper equipment and facilities, and adequate health supervision.

To assist physicians in deciding whether athletes should be allowed to participate in particular sports, the AAP's Committee on Sports in Medicine in 1988 compiled a list of recommendations for participation. In November 1994, the AAP published a further modification of this analysis to increase its accuracy and completeness and to include current information. This latest statement was developed by the AAP's Committee on Sports and Medicine Fitness and approved by the Council on Child and Adolescent Health. The position statement is highlighted below (source: *PEDIATRICS*, November 1994).

- In Table 1, sports are categorized by their probability for collision or contact.
 - ▶ In "collision" sports, athletes purposely hit or collide with each other or inanimate objects, including the ground, with great force.
 - ▶ In "contact " sports, athletes routinely make contact with each other or inanimate objects, but usually with less force than in collision sports.
 - ▶ In "limited contact" sports, contact with other athletes or inanimate objects is either occasional or inadvertent.

TABLE 1. Classification of Sports by Contact

Contact/Collision	Limited Contact	Noncontact
Basketball Boxing* Diving Field Hockey Football Flag Tackle Ice Hockey Lacrosse Martial arts Rodeo Rugby Ski jumping Soccer Team Handball Water polo Wrestling	Baseball Bicycling Cheerleading Canoeing/kayaking (white water) Fencing Field High jump Pole vault Floor Hockey Gymnastics Handball Horseback riding Racquetball Skating Ice Inline Roller Skiing Cross-country Downhill Water Softball Squash Ultimate Frisbee Volleyball Windsurfing/surfing	Archery Badminton Body building Bowling Canoeing/kayaking (flat water) Crew/rowing Curling Dancing Field Discus Javelin Shot put Golf Orienteering Power lifting Race walking Rifle Rifle Rope jumping Running Sailing Scuba diving Strength training Swimming Table tennis Tennis Track Weight lifting
* Participation not recommended		

- In Table 2, medical conditions are assessed to determine whether participation would create an increased risk of injury or adversely affect the medical condition.
 - ▶ This table is a source of reference for physicians when examining an athlete with one of the listed problems.
 - ▶ Because decisions about sports participation are often complex, the usefulness of the table is limited by the frequency with which it recommends individual assessment when a "Qualified Yes" or a "Qualified No" appears.

- In Table 3, sports are classified by strenuousness, from high to low intensity.
 - ▶ Table 3 is from the report of the Sixteenth Bethesda Conference, "Cardiovascular Abnormalities in the Athlete: Recommendations Regarding Eligibility for Competition, *The Journal of the American College of Cardiology* (published in *PEDIATRICS*, November 1994).
 - ▶ Physicians making decisions about sports participation for patients who have more than mild congenital heart disease or who have cardiac dysrhythmias are encouraged by the AAP to consider consulting a cardiologist and to review the report of the Seventeenth Bethesda Conference to be published soon in *The Journal of the American College of Cardiology*.

TABLE 2 Medical Conditions and Sports Participation

This table is designed to be understood by medical and nonmedical personnel. In the "Explanation" section below, "needs evaluation" means that a physician with appropriate knowledge and experience should assess the safety of a given sport for an athlete with the listed medical condition. Unless otherwise noted, this is because of the variability of the severity of the disease or of the risk of injury among the specific sports in Table 1, or both.

Condition	May Participate ?
Atlantoaxial instability (instability of the joint between cervical vertebrae 1 and 2) <i>Explanation:</i> Athlete needs evaluation to assess risk of spinal cord injury during sports participation.	Qualified Yes
Bleeding disorder <i>Explanation:</i> Athlete needs evaluation.	Qualified Yes
Cardiovascular diseases Carditis (inflammation of the heart) <i>Explanation:</i> Carditis may result in sudden death with exertion.	No
Hypertension (high blood pressure) <i>Explanation:</i> Those with significant essential (unexplained) hypertension should avoid weight and power lifting, body building, and strength training. Those with secondary hypertension (hypertension caused by a previously identified disease), or severe essential hypertension, need evaluation.	Qualified Yes
Congenital heart disease (structural heart defects present at birth) <i>Explanation:</i> Those with mild forms may participate fully; those with moderate or severe forms, or who have undergone surgery, need evaluation.	Qualified Yes
Dysrhythmia (irregular heart rhythm) <i>Explanation:</i> Athlete needs evaluation because some types require therapy or make certain sports dangerous or both.	Qualified Yes
Mitral valve prolapse (abnormal heart valve) <i>Explanation:</i> Those with symptoms (chest pain, symptoms of possible dysrhythmia) or evidence of mitral regurgitation (leaking) on physical examination need evaluation. All others may participate fully.	Qualified Yes
Heart murmur <i>Explanation:</i> If the murmur is innocent (does not indicate heart disease), full participation is permitted. Otherwise the athlete needs evaluation (see congenital heart disease and mitral valve prolapse, above).	Qualified Yes
Cerebral palsy <i>Explanation:</i> Athlete needs evaluation.	Qualified Yes
Diabetes mellitus <i>Explanation:</i> All sports can be played with proper attention to diet, hydration, and insulin therapy. Particular attention is needed for activities that last 30 minutes or more.	Yes
Diarrhea <i>Explanation:</i> Unless disease is mild, no participation is permitted, because diarrhea may increase the risk of dehydration and heat illness. See "Fever" below.	Qualified No
Eating disorders Anorexia nervosa Bulimia nervosa <i>Explanation:</i> Those patients need both medical and psychiatric assessment before participation.	Qualified Yes
Eyes Functionally one-eyed athlete Loss of an eye Detached retina Previous eye surgery or serious eye injury <i>Explanation:</i> A functionally one-eyed athlete has a best corrected visual acuity of <20/40 in the worse eye. These athletes would suffer significant disability if the better eye was seriously injured as would those with loss of an eye. Some athletes who have previously undergone eye surgery or had a serious eye injury may have an increased risk of injury because of weakened eye tissue. Availability of eye guards approved by the American Society for Testing Materials (ASTM) and other protective equipment may allow participation in most sports, but this must be judged on an individual basis.	Qualified Yes

TABLE 2 cont.

Condition		May Participate ?
Fever <i>Explanation:</i>	Fever can increase cardiopulmonary effort, reduce maximum exercise capacity, make heat illness more likely, and increase orthostatic hypotension during exercise. Fever may rarely accompany myocarditis or other infections that may make exercise dangerous.	No
Heat illness, history of <i>Explanation:</i>	Because of the increased likelihood of recurrence, the athlete needs individual assessment to determine the presence of predisposing conditions and to arrange a prevention strategy.	Qualified Yes
HIV infection <i>Explanation:</i>	Because of the apparent minimal risk to others, all sports may be played that the state of health allows. In all athletes, skin lesions should be properly covered, and athletic personnel should use universal precautions when handling blood or body fluids with visible blood.	Yes

TABLE 3 Classification of Sports by Strenuousness

High in Moderate Intensity		
High to Moderate Dynamic and Static Demands	High to Moderate Dynamic and Low Static Demands	High to Moderate Static and Low Dynamic Demands
Boxing*	Badminton	Archery
Crew/rowing	Baseball	Auto racing
Cross-country skiing	Basketball	Diving
skiing	Field hockey	Equestrian
Cycling	Lacrosse	Field events (jumping)
Downhill skiing	Orienteering	Field events (throwing)
Fencing	Ping-pong	Gymnastics
Football	Race walking	Karate or judo
Ice hockey	Racquetball	Motorcycling
Rugby	Soccer	Rodeoing
Running (sprint)	Squash	Sailing
Speed skating	Swimming	Ski jumping
Water polo	Tennis	Water skiing
Wrestling	Volleyball	Weight lifting
Low Intensity (Low Dynamic and Low Static Demands)		
	Bowling	
	Cricket	
	Curling	
	Golf	
	Riflery	

* Participation not recommended.

- The physician's clinical judgement is essential in applying the AAP's Committee on Sports Medicine and Fitness recommendations to a specific patient. This judgement involves:
 - ▶ the availability of published information on the risks of participation;
 - ▶ the availability of a knowledgeable expert's advice;
 - ▶ the current health status of the athlete;
 - ▶ the level of competition;
 - ▶ the sport and the positions in which the athlete participates;
 - ▶ the maturity of the competitor;
 - ▶ the availability of effective protective equipment acceptable to the athlete;
 - ▶ the availability and efficacy of medical treatment;
 - ▶ whether treatment, such as rehabilitation of an injury, has been completed;
 - ▶ whether the sport can be modified to allow safer participation; and,
 - ▶ the ability of the athlete and parents to understand and accept risks involved in participation.

- In recent legal decisions, athletes have been permitted to participate in sports despite known medical risks. The AAP recommends when an athlete's family disregards medical advice against participation, the physician should ask all family members to sign written informed consent statements indicating that they have been advised of the potential dangers of participation and understand them.

Agencies, Organizations and Other Groups' Roles

Currently, two chief entities, the VHSL and local school health advisory boards, serve the Departments of Education and Health, local school divisions, coaches, teachers, parents, and students, for developing, revising, and evaluating guidelines for health requirements for sports participation in public schools.

The objective of the VHSL is to foster among the public high schools of Virginia a broad program of supervised competitions and desirable school activities that complement and contribute to the total education of students. The League seeks to encourage student participation in desirable school activities by conducting or supporting programs of interscholastic activities in all fields. Accredited state public high schools in Virginia are eligible for membership in the League with the expressed written authority of their respective school boards. All but one of the state-accredited three and four-year public high schools are members of the League. The Legislative Council, Executive Committee, Group Board, Regional Councils, and District Councils are the key legislative and executive offices of the League. The Department of Education, local school divisions, coaches, teachers, and parents are represented on the League.

The VHSL's board of directors has established a Sports Medicine Advisory Committee comprised of physicians and athletic directors/trainers. The goal of this committee is to make sports participation as safe and appropriate as possible for the student-athlete in Virginia. This goal is pursued through three main roles.

1. To make recommendations to the VHSL Executive Committee on health and medical related matters such as:
 - developing strategies and rules and regulations that will make sports safer,
 - maintaining up-to-date preparticipation form in order to maximize the opportunity of identifying youngsters at risk for injury in specific sports, and
 - evaluating the risk of certain diseases to the individual athlete and those around him and establishing what preventive measures would be indicated.

2. To perform educational functions that will contribute to the safety of Virginia's athletes by:
 - keeping current on the sports medicine literature so that information can be applied to the programs administered by the VHSL and the secondary schools of Virginia,
 - providing educational information to school systems on measures that will improve the safety of their athletic programs,
 - providing educational information to physicians and schools on different aspects of administering preparticipation physical examinations, and
 - providing data to appropriate legislative committees on matters relating to safety of athletes, including such considerations as effectiveness of athletic trainers.

3. To monitor the safety of sports participation in the state by:
 - devising methods for recording information on numbers of athletes participating in various sports in Virginia,
 - devising methods for reporting and categorizing injuries across the state, and
 - analyzing data collected and interpreting information to the schools, physicians, etc. to help provide guidelines for managing athletic programs and injuries.

The members of the committee are appointed by the Executive Committee of the VHSL. The membership consists of 15-25 individuals, and includes the various medical disciplines interested in Sports Medicine such as Pediatrics, Orthopedics, Family Practice, Adolescent Medicine, and athletic trainers. It also includes coaches, athletic directors, principals, and other school personnel.

School health advisory boards have been established pursuant to Section 22.1-275.1 of the *Code of Virginia*. The *Code* states that each school board shall establish a school health advisory board consisting of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The board is to assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services. As of December 1992, all school divisions in the Commonwealth have established school health advisory boards.

The Virginia Department of Health provides consultation to the League on request; however, the Department is not a member of the VHSL's Sports Medicine Advisory Committee. One of the major roles of the Virginia Department of Health is assessing the public's health. Assessment means the regular collection, analysis, and sharing of information about health conditions, risks and resources in a community. State department of health assessment functions may include:

- establishing and maintaining surveillance systems,
- collecting and assembling health status and utilization information, and
- performing analysis.

CHAPTER III. OTHER STATE PRACTICES

The second phase of the study was a review of other state practices. VHSL distributed a four-question survey to the corresponding interscholastic activities association in the other states. All fifty states responded to the questionnaire. The following is a synopsis of the information received from the survey respondents:

1. **Does your state have a legal basis, laws or policies, specifying health requirements for sports participation?**

Twenty states responded that their interscholastic associations have health requirement policies for sports participation.

2. **Does your state have a physical examination form for athletic participation?**

Thirty-four states responded that they have a health assessment form. Six of the states have a student-athletic medical form that medical professionals may opt to use, and the ten remaining states have not developed any type of physical form. Most states do require some sort of annual preparticipation assessment. Several states, however, require a physical examination after the student-athlete has completed the eighth grade. This assessment is valid for four years from the date of the initial medical examination. One state requires a medical examination within the previous three years, and two other states have an every other year policy.

3. **Does your state have laws or policies which specify illnesses and conditions that should be detected prior to authorizing sports participation?**

Ten states responded that they have policies that address this issue. Several of the respondents noted that they receive input and guidance from medical association professionals.

4. **Does your state have a committee or advisory group charged with developing and maintaining guidelines for health requirements for sports participation?**

Twenty-four states reported that they have some sort of advisory committee. The majority of the respondents noted that they receive input and guidance from medical association professionals.

Thirteen states sent copies of their preparticipation form. These forms average approximately two pages in length. Most states required a licensed doctor of medicine, doctor of osteopathy, or nurse practitioner to perform the medical examination. Several states, however, allow qualified chiropractors, physician's assistants, and advanced registered nurses to perform the students' preparticipation medical screening.

It is also important to note that there are national health and safety rules that govern several sports. Examples are the football player who must leave the game for at least one play following injury, and the wrestler who is prohibited from continuing without a physician's approval if he has been rendered unconscious. It is the responsibility of each U.S. coach and game official to be thoroughly familiar with all such national rules for their sports.

CHAPTER IV. FINDINGS AND RECOMMENDATIONS

Findings of the Study

- There are limited data available on the extent of youth sports injuries, illnesses, and conditions that pose a health risk to Virginia's student athletes.
- A major role of the Virginia Department of Health is assessing the public's health.
- The health requirements for contagious diseases and attendance laws and regulations are comprehensive insofar they address preschool physical examination requirements, documentation of immunization, and communicable disease prevention.
- The VHSL's "Athletic Participation/Parental Consent/Physical Examination Form" adequately identifies students at-risk for athletic injuries and provides for a sport-specific evaluation.
- The VHSL is responsible for supervising competitions and high school activities and their jurisdiction does not extend to the middle and elementary school levels.
- The VHSL has the primary role for the development of guidelines for health requirements for sports participation.
- School Health Advisory Boards are available to all school divisions for communities to address local sports participation health issues.
- Policies and guidelines for sports participation in Virginia public schools exceed those of most other states and are congruent with the AAP's recommendations.

Recommendations

- **The Virginia Department of Health and the VHSL should devise a mechanism for the collection and analysis of data pertaining to conditions that create a substantial health risk to student-athletes.**
- **Current laws, regulations, and guidelines for health requirements for sports participation should be sufficient to protect Virginia's public school athletes.**
- **Consideration should be given to provide that elementary and middle school levels follow VHSL's health guidelines for sports participation.**
- **The public schools in the Commonwealth should continue to require a preparticipation physical examination as specified by the VHSL.**
- **A representative of the Virginia Department of Health should be a member of the VHSL's Sports Medicine Advisory Committee.**
- **School Health Advisory Boards, agencies, and individuals should be encouraged to take an active role in reviewing and revising the VHSL's health requirements for sports participation by providing suggestions or recommendations to the League.**
- **The health care provider should identify illnesses and conditions that can and should be detected prior to authorizing sports participation in accordance with VHSL and AAP guidelines.**
- **Physicians making decisions about sports participation for students who have more than mild congenital heart disease or who have cardiac dysrhythmias should consider consulting a cardiologist and reviewing the report of the Seventeenth Bethesda Conference concerning cardiovascular abnormalities in the athlete and recommendations regarding eligibility for competition.**

APPENDICES

1994 SESSION
ENGROSSED

LD4734324

1 **HOUSE JOINT RESOLUTION NO. 165**

2 House Amendments in [] — February 14, 1994

3 *Requesting the Department of Education, in cooperation with the Department of Health, to study the*
4 *need for guidelines for health requirements for sports participation in the public schools.*

5
6 Patrons—Marshall and O'Brien

7
8 Referred to Committee on Education

9
10 WHEREAS, participation in scholastic athletic competition provides many students with invaluable
11 opportunities for personal growth and enrichment; and

12 WHEREAS, while academic eligibility requirements for sports participation may assist student
13 athletes in maintaining scholastic excellence, ensuring the health of all student athletes in the public
14 schools must remain a primary concern as well; and

15 WHEREAS, recent outbreaks of contagious diseases, such as measles and mumps, may indicate
16 that some students have not been appropriately immunized against these illnesses, which could be
17 easily spread to others not only during the school day but also during athletic competitions; and

18 WHEREAS, while § 22.1-271.2 requires evidence of student immunization against certain specified
19 illnesses upon admission to the public schools, additional medical examinations prior to sports
20 participation might assist in the detection of any latent illnesses or conditions that might prove
21 harmful to the student who engages in athletic competition; and

22 WHEREAS, while consistency in any requirements for student health assessments for sports
23 participation is critical to ensure the health and safety of all students, further study is necessary to
24 determine the propriety and scope of any uniform guidelines; now, therefore, be it

25 RESOLVED by the House of Delegates, the Senate concurring, That the Department of Education,
26 in cooperation with the Department of Health, be requested to study the need for guidelines for health
27 requirements for sports participation in the public schools. [In conducting the study, the Department
28 shall coordinate with the Virginia High School League.] The department shall review, among other
29 things, current practices in the Commonwealth's public schools and in other states; and shall make
30 recommendations specifying those illnesses and conditions that can and should be detected prior to
31 authorizing sports participation and designating the appropriate roles of the Departments of Education
32 and Health, local school divisions, coaches, teachers, parents, and students in developing these
33 guidelines.

34 All agencies of the Commonwealth shall provide assistance to the department, upon request.

35 The department shall complete its work in time to submit its findings and recommendations to the
36 Governor and the 1995 Session of the General Assembly as provided in the procedures of the
37 Division of Legislative Automated Systems for the processing of legislative documents.

1642 State Farm Blvd., Charlottesville, Virginia 22901

Athletic Participation/Parental Consent/Physical Examination Form

Separate examination and certification required for each school year May 1 of the current year through June 30 of the succeeding year. File in the Office of the Principal.

For School Year _____ **PART 1 - ATHLETIC PARTICIPATION** Male _____
 (To be filled in and signed by the student) Female _____

_____ Social Security # _____
 (Last) (First) (Middle Initial)

Home Address _____

City/Zip code _____

Home address of parents _____

City/Zip code _____

Date of Birth _____ Place of birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules and risk statement of the Virginia High School League, Inc. that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete and Cheerleader! To be eligible to represent your school in any VHSL, Inc., interscholastic athletic contest you-

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last 4 years of high school. (eighth-grade students may be eligible for junior varsity competition)
- must have enrolled not later than the fifteenth day of the current semester.
- must have passed at least five credit subjects the immediately preceding year and must be currently taking not fewer than five credit subjects for participation during the first semester.
- must have passed at least five credit subjects the previous semester and must be currently taking not fewer than five credit subjects for participation during the second semester.
- must not have reached your nineteenth birthday on or before the first day of October of the current school year.
- must have been in residence at your present high school, or at a junior high school from which your high school receives its students, during the entire semester immediately preceding the one in which you wish to participate.
 - unless you are transferring from a public or non - public school with a corresponding move on the part of your parents into the area served by your present school.
 - unless you are transferring to the high school serving the district in which your parents reside upon completion of the highest grade level offered by the intermediate school, middle school, junior high school, or non - public school from which you are transferring.
 - unless you are entering the ninth grade for the first time.
 - unless your former school was discontinued or consolidated and you were required to transfer to your present school.
 - unless you are legally adopted, are a foreign exchange student, are under the guidance of an orphanage, the State Department of Welfare, or State Department of Corrections, or are required to change residence by court order.
 - unless you are transferring from a nonmember high school to a member school of the attendance area of your parents or guardians, provided you have not participated during the current school year at the school from which you transferred in the sport in which you wish to participate at your current school.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters. The semester rule shall also apply to students who become "ungraded" for failure to earn a Literacy Passport: for these students, the eight consecutive semesters shall be counted continuously beginning with their first semester in the ninth grade or the first semester in which they become classified as "ungraded" whichever comes first.
- must have submitted to your principal before practicing, trying out or becoming a member of any school athletic team an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed, attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation. Students selected to be cheerleaders shall complete this form and submit it to their principal.
- *must be an amateur as defined by the Virginia High School League, Inc.: "An amateur is an athlete who engages in VHSL, Inc. athletics solely for the educational, physical, mental, and social benefits he derives therefrom and to whom VHSL, Inc., athletics are nothing more than an avocation"*
- *must not have received in recognition of your ability as a high school athlete any award not presented or approved by your school or the League.*
- *must not have participated in any all - star contest between teams whose players are selected from more than one high school.*
- *must not have been a member of a college team in the sport in which you wish to participate.*

* *Italicized item does not apply to cheerleaders.*

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above - listed minimum standards, but also all other standards set by your League, district, and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, check with your principal or athletic director; they are aware of the various interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will prevent you, your team, school, and community from being penalized.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE

 Student Signature

Providing false information could result in ineligibility of up to one year.

PART II - MEDICAL HISTORY

This form should be completed by parent and athlete prior to time of physical examination and should be taken with physical examination form for review by the physician during the examination.

	YES	NO
1. Have you ever had any of the following?		
heart murmur	_____	_____
high blood pressure	_____	_____
other heart problems	_____	_____
broken bones	_____	_____
weak joints - ankles, knees	_____	_____
concussion	_____	_____
operation	_____	_____
seizures or epilepsy	_____	_____
2. Have you ever fainted or passed out?	_____	_____
3. Have you ever been knocked out?	_____	_____
4. Have you ever been hospitalized?	_____	_____
5. Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	_____	_____
6. Have you ever had significant allergies?		
hay fever	_____	_____
asthma	_____	_____
bee stings	_____	_____
poison ivy	_____	_____
foods	_____	_____
medicine	_____	_____
7. Do you take any medicine regularly?	_____	_____
8. Have you had any illnesses lasting a week or more such as mononucleosis, etc.	_____	_____
9. Have you had any blood disorders, including sickle cell trait, anemia, etc.?	_____	_____
10. Has any family member had a heart attack, heart problems or sudden death before the age of 50?	_____	_____
11. Do you wear contact lenses, eyeglasses or dental appliance?	_____	_____
12. Do you have any missing or non - functioning organs such as testes, eye, kidney, etc.?	_____	_____
13. Menstrual History:		
(a) Have you begun menses yet?	_____	_____
(b) If so, at what age?	_____	_____
(c) Do you have any menstrual problems?	_____	_____
14. DATE OF LAST TETANUS IMMUNIZATION	_____	_____

Please explain any yes answers from above _____

PART III - PHYSICAL EXAMINATION
(To be completed and signed by examining physician)

APPENDIX B

NAME _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____ GRADE _____

*Tanner Stage or Maturation Index _____

*Percent body fat _____

*Vision: Corrected (L) _____ (R) _____ Both _____
Uncorrected (L) _____ (R) _____ Both _____

* Audiogram _____

Eyes _____

Ears _____

Nose _____

Throat _____

Teeth _____

Skin _____

Lymphatics _____

Heart _____

Lungs _____

Abdomen _____

Genitalia/hernia _____

Peripheral pulses _____

BP _____

*Pulse(rest) _____

(Exercise) _____

(Recovery) _____

Cervical spine/neck _____

Back _____

Shoulders _____

Arm/elbow/wrist/hand _____

Knees/hips _____

Ankles/feet _____

Lab:

*Urine _____

*Hemoglobin or HCT _____
and/or Fe Stores _____

***WHEN MEDICALLY INDICATED**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

1. Full participation _____

2. Limited or no participation _____

Reason _____

3. Requires additional evaluation _____

4. Comments and explanation _____

Physician signature _____, M. D.* Date _____

Physician name (print) _____

Address _____

City/zip code _____

Telephone _____

* Doctor of Medicine, Doctor of Osteopathy or
Licensed Nurse Practitioner.

PART IV - ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT
(To be completed and signed by parent/guardian)

I give permission for _____ to participate in any of the following sports that are
(name of child/ward)

not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming, tennis, track, volleyball, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/She has student accident insurance available through the school (); has football insurance coverage through the school (); is insured by our family policy with _____ Insurance ().
(name of company)

I am aware that participation in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for my child/ward to receive a physical examination, as required in Part III, Physical Examination, of this form, by _____ M. D., O. D. or LNP as recommended by the named student's school administration.

Signature of parent (guardian) _____ Date _____

PART V - EMERGENCY PERMISSION FORM*
(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

HIGH SCHOOL _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency _____

Please list any allergies to medications, etc. _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Signature of parent or guardian _____

Relationship to student _____

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

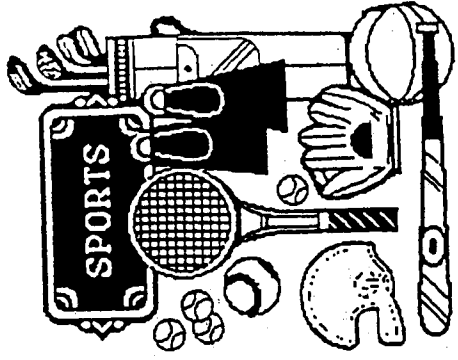
V H S L Infectious Disease Policy

10. At this time, no cure exists for AIDS which is a preventable fatal disease. In addition to the above mentioned techniques, education about potential methods of spread of this disorder and emphasis on methods of prevention must be an integral part of our athletic programs for athletes, trainers, and coaches.

FOR MORE INFORMATION OR COMMENTS, PLEASE CONTACT:

SPORTS MEDICINE
ADVISORY COMMITTEE
1642 STATE FARM BOULEVARD
CHARLOTTESVILLE, VA 22901
804-977-8475

Policies for the prevention of serious infectious disease in high school athletics



Adopted by
VHSL Executive Committee
January 27, 1993

should be cleansed with fresh household bleach solution made for that event by adding one part of bleach to 100 parts of water (1/4 cup bleach to one gallon water, 1 tablespoon bleach to 1 quart water). Such items as wrestling mats should be cleaned, rinsed, and allowed to dry before resuming action. This solution should be made fresh daily when needed.

6. If any blood gets on an opponent's uniform during competition or on a teammate's uniform during practice, it is necessary to clean the uniform at that point by wiping it with a disinfectant such as isopropyl alcohol. This should be done whether or not the opponent or teammate has an open cut or unskinned area on his body, or whether or not the blood is on part of the uniform which might come in contact with his mucous membranes. If there is a substantial saturation of the uniform with blood such that it is dripping, rubs off easily, or drips if squeezed, the uniform must be changed.

7. All soiled linen such as uniforms and towels should be placed in plastic bags and washed in hot soapy water. Any detergent that contains bleach is appropriate.

8. All coaches, officials and student-athletes should practice good hygiene. Towels, cups and water bottles should not be shared. Also, student-athletes should take a shower using a liberal amount of soap and hot water after each practice and competition.

9. It is the responsibility of each school to provide for their respective team members paper towels, appropriate cleaning solutions, plastic bags, gloves, and any other first aid materials necessary to comply with these regulations.

whenever possible. Again, this reduces the risk of transmission from blood-borne pathogen from one person to another.

2. If a bleeding wound occurs, the individual's participation should be interrupted until the bleeding has been stopped and the wound is both cleansed with antiseptic and covered securely or occluded. If bleeding resumes, the practice or contest must be stopped again until bleeding is stopped and contaminated surfaces are cleaned. It is up to the discretion of the official in charge of the competition as to how many times the competition should be stopped due to a student-athlete's bleeding before disqualification occurs.

3. Skin exposed to blood or other body fluids contaminated with blood should be cleaned as promptly as is practical, preferably with soap and warm water. Skin antiseptics (e.g., alcohol) or moist towelettes may be used if soap and water are not available.

4. Even though good hand-washing is an adequate precaution, water-impervious gloves should be available for staff to use when handling blood or other body fluids. Gloves are especially important to individuals with non-intact skin. Hands should be washed after glove removal. If gloves are not available, a bulky towel may be used to cover the wound until an off-the-field location is reached where gloves can be used during more definitive treatment. Disposable towels should be used to clean up. Towels, protective gloves, and other materials used in clean up, as well as any cotton used to stem bleeding, should be placed in a container lined with a plastic bag.

5. If blood or blood-contaminated bodily fluids are present on a surface, the object

**INFECTIOUS DISEASE POLICY
OF THE VIRGINIA HIGH
SCHOOL LEAGUE**

*Prepared by the Sports Medicine
Advisory Committee and adopted
by the VHSL Executive Committee
January 27, 1993*

The Virginia High School League Executive Committee has adopted these policies upon the recommendation of the Sports Medicine Advisory Committee to the League. Our goal is to minimize the possibility of transmission of any infectious disease from one athlete to another during practice or competition. The development of this policy is in keeping with the commitment of the VHSL to make athletic participation safer for the athletes in the Commonwealth of Virginia by responding to new information that suggests potential risks.

What Are Infectious Diseases?

Infectious diseases are illnesses that are caused by an organism usually a virus, bacteria, or fungus. Many of these diseases are contagious, meaning they can be spread from one person to another. For purposes of our athletes we will consider three types of contagious infectious diseases.

1. Usual viral illnesses like colds, influenza, the viruses, and influenza are generally spread through airborne transmission of the virus or through direct contact. Hand washing and covering sneezes and coughs are considered reasonable techniques for reducing the spread of these types of illnesses. They are actually more likely to be spread in a closed classroom than an open gym or athletic field except for those sports with close contact like wrestling.

2. Skin lesions such as impetigo (a skin infection), athlete's foot, and non-genital herpes can also be spread by close contact and should be covered to allow participation. These skin disorders can also be harmful to the individual with the skin lesions by serving as a portal of entry for other kinds of infections. Thus, again they should be covered or participation should not be allowed.

3. The most serious infectious and contagious diseases in question here are the blood-borne pathogens. These are spread through contact with blood (as well as other bodily fluids such as semen and vaginal fluids) and most notably include Hepatitis B and Human Immunodeficiency Virus (HIV). No reports of transmission from sweat or saliva have been reported with HIV infection. To date there have been no substantiated reports of these being transmitted through athletic participation and the risk of this happening is very low but theoretically it is NOT ZERO. The rest of this policy is designed with HIV and Hepatitis B in mind. Proper handling of injuries where blood is present, can even further reduce the very low risk of transmitting these diseases in the school and playing field arena.

Hepatitis B is a viral infection of the liver that can vary from mild inflammation to a severe life threatening disease. AIDS is a disease of the immune system caused by the Human Immunodeficiency Virus. The individual may not develop any symptoms of disease for many years after contracting the virus. Both of these disorders are transmitted through sexual contact or exposure to infected blood or blood components.

**Which Sports Are Most Likely To
Spread AIDS or Hepatitis B?**

As stated, neither of these has been reported to have been transmitted through sports. The theoretical risk is low but would be greater where there is greater likelihood of blood and close contact. Thus, football, basketball, lacrosse, ice hockey, and wrestling would be most likely to produce this environment. However, any sport could have the potential for blood exposure and thus theoretical risk for exposure.

**Should Athletes All Be Tested
For These Disorders?**

Mandatory testing has not been advocated by any medical organizations monitoring these disorders. The testing could produce a false sense of security with a negative test during the time between inoculation of an individual and the ability to recognize the presence of the virus. Thus, an individual could be contagious and still have a negative test. The screening tests are not 100% reliable and false positives and negatives have been reported. Additionally, there is concern about infringement of individual rights and the question of what to do if a positive test is obtained. Testing is not a feasible approach to prevention, however, athletes and other involved in interscholastic athletics should have available to them information on where they may obtain private and confidential HIV counseling and testing.

**If An Athlete Is Positive,
Who Should Be Told and
Should He/She Be Prevented
From Participating in Sports?**

The athletes' HIV or Hepatitis B status is confidential information between patient and physician. No one else, including school officials, can be told without the individual's permission. The athlete with one of these

disorders should be encouraged to choose sport with less contact and opportunity for bleeding than wrestling, for example. The athlete should also be instructed to take proper precautions with skin lesions, bleeding, etc. However, he/she cannot be forbidden from participating in whatever sport he/she desires. The decision concerning participation is a personal medical decision between the athlete and his physician. This recommendation could certainly change in the future if additional evidence for transmission via sports is documented.

**How Can We Protect Our Athletes,
Trainers, And Coaches
From Exposure To One Of These
Blood-Borne Diseases?**

There is an effective and safe vaccine available for Hepatitis B. One of the target groups to receive this vaccine would be those where the risk of exposure to blood is increased. Thus, any trainer or coach who frequently deals with an injury with blood is at potential risk. Strong consideration should be given to having these individuals receive this immunization.

Blood and other bodily fluids should be handled using "Universal Precautions" as is done in all hospitals and most other health care facilities. This procedure is outlined below. This is the safest approach as one uses techniques that would be preventive in all patients whether they have a disease or not.

**PROCEDURES TO BE FOLLOWED
BY COACHES, TRAINERS,
AND OFFICIALS**

1. A student-athlete should render first-aid to himself and cover his own wounds

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION
P. O. BOX 6Q
RICHMOND, VIRGINIA 23216

SUPTS. MEMO NO. 255
November 29, 1989

INFORMATIONAL

TO: Division Superintendents

FROM: S. John Davis, Superintendent of Public Instruction
E. B. Howerton, Jr., Deputy Superintendent for
Curriculum, Instruction and Personnel Services

SUBJECT: Model Guidelines for School Attendance for
Children with Human Immunodeficiency Virus

Attached is a copy of the Model Guidelines for School Attendance for Children with Human Immunodeficiency Virus. These guidelines were developed as a result of House Joint Resolution 1974 requiring that they be completed by December 1, 1989, in cooperation with the Department of Health and distributed after approval by Board of Education

House Joint Resolution 1974 also requires that each school board shall, by July 1, 1990, adopt guidelines for school attendance of children with human immunodeficiency virus. These guidelines must be consistent with the model guidelines for school attendance developed by the Board of Education. We would like to call to your attention that the charge for the Department of Education was to address school attendance of children with the HIV virus and not confidentiality which is governed by Title 32 of the Code of Virginia. Please send copies of the attached guidelines to your school board members. If you have any questions, please contact H. Douglas Cox, Director, Division of Pupil Personnel Services, at (804) 225-2861.

SJD/EBHJr/tim

Attachment

MODEL GUIDELINES FOR SCHOOL ATTENDANCE FOR CHILDREN WITH
HUMAN IMMUNODEFICIENCY VIRUS

The _____ Public School Division will work cooperatively with the _____ Health Department to ensure compliance with Virginia Code 22.1-271.3 for school attendance of children infected with human immunodeficiency virus (HIV).

- A. Students are expected to be in compliance with an immunization schedule (Article 2, 22.1-271.2); however, some required immunizations may be harmful to the health of the student who is HIV infected or has AIDS. Students who are HIV infected or have AIDS may get an exemption from complying with the requirements (Virginia Code 22.1-27.2, C). School personnel will cooperate with public health personnel in completing and coordinating immunization data, exemptions, and exclusions, including immunization forms.
- B. Mandatory screening for HIV infection is not warranted as a condition for school entry. Upon learning a student is HIV infected or has AIDS, the superintendent will consult with the individual's family and physician or a health official from the local health department to determine whether the student is well enough to stay in school. Since it is known that HIV is not transmitted through casual contact, any student who is HIV infected will continue education in a regular classroom assignment unless the health status interferes significantly with performance. If a change in the student's program is necessary, the superintendent or designee, family, and physician or health official will develop an individual plan which is medically, legally, and educationally sound. If the HIV student is receiving special education services, the services will be in agreement with established policies.
- C. Parents/guardians may appeal decisions for restriction or exclusion as determined by the school division's established procedures.
- D. All persons privileged with any medical information about HIV infected students shall be required to treat all proceedings, discussions, and documents as confidential information. Individuals will be informed of the situation on a "Need to Know" basis with written consent of the parent/guardian.
- E. Universal precautions for handling blood will be implemented within the school setting and on buses. To ensure implementation of the proper standard operating procedures for all body fluids, the guidelines from the Virginia Department of Health will be followed. Inservice training will be provided to all school personnel. Training will include local division policies; etiology, transmission, prevention, and risk reduction of HIV; standard operating procedures for handling blood and body fluids; and community resources available for information and referral. Periodic updates will be supplied through inservice or memoranda.
- F. Comprehensive and age-appropriate instruction on the principal modes by which HIV is spread and the best methods for the reduction and prevention of AIDS are required to encourage the support and protection of the HIV infected student. To enhance school attendance, the school division will collaborate with public and private organizations in the provision of support services to HIV infected students.



COMMONWEALTH of VIRGINIA

Department of Health
Richmond, Virginia 23219

February 7, 1990

VIRGINIA DEPARTMENT OF HEALTH GUIDELINES FOR PREVENTING BLOODBORNE INFECTIONS IN SCHOOLS - SUPPLEMENT TO SUPTS. MEMO NO. 255, OF NOVEMBER 29, 1989

Because the blood and certain body fluids (semen and vaginal secretions) of all persons must be considered potentially infectious for human immunodeficiency virus, hepatitis B, and other organisms, it is important to follow precautions when handling these body fluids. These are referred to as universal precautions. Fortunately, in the case of schools, one need only be concerned about blood. Universal precautions do not apply to feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus unless they contain blood. Despite the extremely remote risk that exposure of skin to blood could result in infection (the unabraded skin is an excellent defense against bloodborne organisms), the following precautions should be adhered to without any exceptions:

1. Those involved in cleaning surfaces contaminated with blood or rendering first aid to bleeding children should wear disposable gloves and avoid exposure of open skin lesions and mucous membranes to blood.
2. Surfaces contaminated with blood should be promptly cleaned with household bleach (1 part bleach to 9 parts of water) using disposable towels or tissues.
3. Hands must be washed after gloves are removed.
4. If inadvertent contamination of the skin with blood were to occur, all that is required is thorough washing of the contaminated areas with soap and water.

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