PPE Guide for Athletic Directors and Coaches

In conjunction with the Office of School Health, the PSAL has released a new pre-Participation Physical Exam form (PPE). The form will encourage thorough exams while also protecting student privacy.

New Procedures for PPEs

New Form

Students using the new form must:

- 1. Take the entire packet to their medical provider for completion
 - a. Page 1: Health History Form (Will remain on file with the medical provider and will not be returned to the school)
 - b. Page 2: Physical Examination Form (Will remain on file with the medical provider and will not be returned to the school)
 - c. Page 3: Recommendations for Participation in Physical Education & Sports Form
- 2. Submit "Recommendations for Participation in Physical Education & Sports" form to the Athletic Director or coach

Auditing Procedure

For every student, you must have one of the following:

1. Active "Recommendations for Participation in Physical Education & Sports" form

Audit Requirements for New Form

For the audit, the "Recommendations for Participation in Physical Education & Sports" form must have the following to pass the audit:

- 1. Student first and last names
- 2. Student OSIS number
- 3. Student Grade
- 4. Student Campus/School
- Clearance for sport where the student is listed on the roster (i.e., "No Contact Sports," "No Limited Contact Sports," and/or "No Non-Contact Sports" have <u>NOT</u> been checked)
- 6. Medical Provider Name
- 7. Medical Provider Title (Must be MD, DO, PA, or NP)
- 8. Medical Provider Address (can be written or part of stamp)
- 9. Medical Provider Phone (can be written or part of stamp)
- 10. License/NPI (can be written or part of the stamp)
- 11. Medical Provider Signature
- 12. Date
- 13. Medical Provider Stamp

General Notes:

- 1. The Accommodations/Protective Equipment section and the allergies section both have a space for "None." If these sections do not denote accommodations or allergies and the "none" option is not checked, the form is still considered compliant.
- 2. There are sections in the form to write in restrictions and recommendations. Restrictions are directives that **MUST** be followed. Recommendations are directives that should be followed but will not affect a students' clearance if they do not complete them.
- If a form denotes a duration for "Not cleared" or "Not cleared pending further evaluation": the student will not be able to participate until they return a new "Recommendations for Participation in Physical Education & Sport" form indicating clearance for their chosen sport. This applies even if the duration listed on the form has passed.
- 4. If a form denotes a duration for "Cleared with Restrictions/Adaptations/Accommodations": The student must return a new form by their medical provider for when the restriction, adaptation, or accommodation is lifted. If the student continues to participate with the restriction/adaptation/accommodation, no new form is needed.
- 5. If there is an error on the form, the form must be taken back to the medical provider in order to be amended. The Athletic Director or coach **should not alter the form** in any way, even if they have personally contacted the medical provider. The exceptions to this rule are:
 - a. Student OSIS
 - b. Student Grade
 - c. Student Campus/School
 - d. License/NPI Number
- 6. If the "Health History" form (page 1) and/or the "Physical Examination" form (page 2) are given to the school, coach, or athletic director, these forms must be returned to the parent/guardian and must not be placed in the student's file.

Preferred Name

If a student's preferred name (name on the roster) does not match the name on the PPE form, write a note indicating the student's name as it appears on the roster and the student's legal name or name as appears on the form. Sign and date the note and include it in the student's file.

Amended Forms

When a form must be amended, the medical provider may:

- Submit a brand new form;
- Make the amendment and then place an additional medical provider stamp next to the amendment; or
- Submit an additional note that has been signed and stamped by the medical provider with an explanation of the amendment (this note must be attached to the original PPE form)

Electronic Records

Copies of the "Recommendations for Participation in Physical Education & Sports" form that have been emailed or faxed directly from a medical provider's office will be accepted. Amendment notes that have been signed and stamped will also be accepted by email or fax. A copy of the email or fax cover sheet should remain attached to the record in the student's file.

Sample #1: Sammy Soe. Sammy is a senior on Dewitt Clinton's Volleyball Team. Findings: All demographic information is listed on the form. Since the form indicates "Cleared for All Sports Without Restriction" Sammy is cleared for volleyball. abic information is complete and the form is stamped Doctor

demographic	Information I	s comp	plete and	i the to	rm is sta	ampea.
		COBAB	TACHAR	IONC E	OD DAD	DTICIDATIC

MMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION & SPORTS To be completed by student's health care provider or school medical provider OSIS# Last Name First Name Grade 123456 12 Soe Sammy School/Campus/ATSDBN Dewitt Clinton Campus **A CLEARED FOR ALL SPORTS WITHOUT RESTRICTION** NOT CLEARED Duration: NOT CLEARED PENDING FURTHER EVALUATION Duration: CLEARED FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATIONS FOR FURTHER EVALUATION OR TREATMENT FOR: CLEARED WITH RESTRICTIONS/ADAPTATIONS/ACCOMMODATIONS Duration: NO LIMITED CONTACT SPORTS: NO CONTACT SPORTS: NO NON-CONTACT SPORTS: includes includes baseball, cross-country skiing, archery, badminton, bowling, cricket, includes basketball, competitive fencing, flag football, handball, high jump, discus, double dutch, golf, javelin, race cheerleading, diving, field hockey, football (tackle), gymnastics, ice hockey, ice skating, pole vault, skiing, softball, walking, rifle, shot-put, swimming, table volleyball lacrosse, rugby, soccer, stunt, wrestling tennis, tennis, track & field OTHER RESTRICTIONS _____ ACCOMMODATIONS/PROTECTIVE EQUIPMENT 🔍 None 🗖 Athletic Cup 🗖 Sports/Safety Goggles 🗖 Medical/Prosthetic Device 🗖 Pacemaker 📮 Insulin Pump/Insulin Sensor Brace/Orthotic Hearing Aides Protective Ear Gear Other PERTINENT MEDICAL HISTORY None ALLERGIES MEDICATIONS Has prescribed pre-exercise medication ____ Has prescribed PRN medication _ Student is Self-Carry/Self-Administer, unless in an emergency or student is incapable of self-administration Explanation ___ OTHER RECOMMENDATIONS I have examined the above named student and completed the pre-participation physical examination. The athlete may/may not participate in the sport(s) as outlined above. A copy of the physical exam will be provided to the school medical room staff and can be made available to the school administration at the request of the parents. This form may be rescinded: by a medical provider if there are any changes in the student's health that could affect his/her safe participation in sports, and/or until the potential consequences of the health issue are explained to both the student and his/her parents, and the health issue has been resolved. All information and recommendations contained herein are valid through the last day of the month for 12 months from the date below. Name of medical provider (print/type) License/NPI Title Sample Provider NP 123456 Medical Provider's Stamp Address * Must Have St Sample 123 Email A Phone Fax Sample@md.com Stampk 999-999-9999 999-999-9999 Signature of medical provider Date 08/01/2019

This PPE would be ruled COMPLIANT during a PSAL audit

NYC_ED_PSAL_Sports_Clearance_Form_02112019

Sample #2: Jane is a senior athlete on Grand Street Campus' soccer team. Findings: All necessary demographic information is present on the form. The form indicates "Cleared for All Sports Without Restriction With Recommendations for Further Evaluation or Treatment For:" and indicates rehabilitation for an ankle sprain. Because the rehabilitiation is a recommendation and not a requirement, Jane is cleared to participate in soccer. The doctor demographic information is complete and the form is stamped.

Last Name	First Name Jane	C	123456	Grade
School/Campus/ATSDBN				
Grand Street	Campus		<u> </u>	
CLEARED FOR ALL SPORT	S WITHOUT RESTRICT	ION		
		Duration:		
NOT CLEARED PENDING F	URTHER EVALUATION	Duration:		
CLEARED FOR ALL SPORT EVALUATION OR TREATME for strengthening	TS WITHOUT RESTRICT	prain -> additi	mendations for fur anal rehabilitation	THER on Visits
CLEARED WITH RESTRICT		CCOMMODATIONS	S Duration:	1
NO CONTACT SPORTS: includes basketball, competitive cheerleading, diving, field hockey football (tackle), gymnastics, ice h lacrosse, rugby, soccer, stunt, wr	, fencing, flag footk nockey, ice skating, pole v	NTACT SPORTS: , cross-country skiing, pall, handball, high jum; yault, skiing, softball,	 NO NON-CONTACT archery, badminton, b discus, double dutch, walking, rifle, shot-pu tennis, tennis, track & 	oowling, cricket, golf, javelin, race t, swimming, table
ACCOMMODATIONS/PROTE	CTIVE EQUIPMENT	Contraction of the second	- Hard Market Street Street	The Stole Stoles
XNone Athletic Cup Sport				
Brace/Orthotic Hea	and the second	ective Ear Gear	Other	
PERTINENT MEDICAL HISTO				
				🛛 None
MEDICATIONS				
Has prescribed pre-exercise n	nedication			
Has prescribed PRN medication	on			
Student is Self-Carry/Self-Adm	ninister, unless in an eme	rgency or student	is incapable of self-adm	inistration
Explanation				
	NS			
a offici neooninichoario			8	
I have examined the above nam participate in the sport(s) as outli be made available to the school if there are any changes in the consequences of the health issue information and recommendation	ned above. A copy of the phy administration at the reques student's health that could a are explained to both the st	ysical exam will be pro at of the parents. This affect his/her safe pa udent and his/her pare	vided to the school medical r form may be rescinded: by a rticipation in sports, and/or onts, and the health issue has	oom staff and can medical provider until the potential been resolved. All
Name of medical provider (print/type)		Title	License/NPI	_
Sample Provider		MD	123456	
Address 123 Sample St			Medical Provider's Stamp ★Most H	lave
	-999-9999 Sc	ample end. com	stam	p*
Signature of medical provider		Date 08 01 2019	2	
			NYC ED PSAL Sp	orts_Clearance_Form_02112019

This PPE would be ruled COMPLIANT during a PSAL audit.

Sample #3: John is a freshman wrestler on the Port Richmond wrestling team. Findings: All necessary demographic information is present on the form. John has been restricted from contact sports. Wrestling is listed under the contact sports distinction. Physician demographic information is complete and the form is stamped.

Last Name Johnson	First Name	(05IS# 123456	Grade
School/Campus/ATSDBN				
Port Richmond H				
CLEARED FOR ALL SPOR	TS WITHOUT RESTRI	ICTION		
NOT CLEARED		Duration:		
NOT CLEARED PENDING I	FURTHER EVALUATIO	ON Duration:		
CLEARED FOR ALL SPOR EVALUATION OR TREATM				THER
CLEARED WITH RESTRICT	FIONS/ADAPTATIONS	S/ACCOMMODATION	S Duration:	
NO CONTACT SPORTS: includes basketball, competitive cheerleading, diving, field hockey football (tackle), gymnastics, ice lacrosse, rugby, soccer, stunt, wi	y, fencing, flag for hockey, ice skating, por restling volleyball	CONTACT SPORTS: aball, cross-country skiing, ootball, handball, high jumj ole vault, skiing, softball,	NO NON-CONTACT archery, badminton, b discus, double dutch walking, rifle, shot-pu tennis, tennis, track 8	oowling, cricket, , golf, javelin, race t, swimming, table
ACCOMMODATIONS/PROTE	ts/Safety Goggles 🛛 M	edical/Prosthetic Device	Pacemaker Insulin F	Pump/Insulin Sensor
Brace/Orthotic Hea PERTINENT MEDICAL HISTO	ner (2) Ar (tean	 ANIS Action 	O other	
& ALLERGIES Tree Nots		guio, risinma,	, a prior concession	
MEDICATIONS				🛛 None
Has prescribed pre-exercise n				
X Has prescribed PRN medicati				
Student is Self-Carry/Self-Adn				
Explanation Student has	Epi-ten tor	Tree nut allera	gy. Must carry 1	n his back
at all times, school	Statt Should	Ichaw Mere It	is located.	V
OTHER RECOMMENDATIO	DNS			
I have examined the above nam participate in the sport(s) as outli be made available to the school if there are any changes in the consequences of the health issue information and recommendation	ined above. A copy of the I administration at the req student's health that coust e are explained to both the	physical exam will be pro juest of the parents. This uld affect his/her safe par e student and his/her pare	vided to the school medical r form may be rescinded: by a rticipation in sports, and/or nts, and the health issue has	oom staff and can a medical provider until the potential been resolved. All
Name of medical provider (print/type)		Title	License/NPI	
Sample Provider		Do	123456	
123 Sample St			Medical Provider's Stamp	
Phone Fax		Email	- * Must F	
	9-999-9999	Sample @md.com	Stamp	5 th
Signature of medical provider		08 01 2019	1	
			NYC ED PSAL So	orts Clearance Form 02112019

This PPE would be ruled NOT COMPLIANT during a PSAL audit. Since John has been restricted from contact sports, he cannot participate in wrestling. If John was participating in a limited or no contact sport, this form would be in compliance.

John is a sophomore cross country athlete from Bryant. He suffered 2 concussions last year while playing basketball and rugby. His physician has referred him to a neurologist and set up a follow up appointment for 8/15/2019 after he receives his neurology results.

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	1.00	To k

COMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION & SPORTS

To be completed by student's health care provider or school medical provider

Last Name	First Name		0515# 1234567	Grade
School/Campus/ATSDBN Lehman Cam	PUS			
CLEARED FOR ALL SP	ORTS WITHOUT RESTRICTI	ON		
NOT CLEARED		Duration:		
KNOT CLEARED PENDI	NG FURTHER EVALUATION	Duration: 🤰	15/19	
	PORTS WITHOUT RESTRICTION			
	RICTIONS/ADAPTATIONS/AC	COMMODATION	S Duration:	
NO CONTACT SPORTS: includes basketball, compet cheerleading, diving, field ho football (tackle), gymnastics lacrosse, rugby, soccer, stur	, ice hockey, ice skating, pole va	NTACT SPORTS: cross-country skiing, all, handball, high jum ault, skiing, softball,	NO NON-CONTAC archery, badminton, discus, double dutc walking, rifle, shot-p tennis, tennis, track	bowling, cricket, h, golf, javelin, race ut, swimming, table
	S			
Brace/Orthotic	Sports/Safety Goggles Dedication Medication	ctive Ear Gear	Other	
PERTINENT MEDICAL H	ISTORY a diagnosed c	อกจบรรเอกร	in 2018	New New York
MEDICATIONS				的复数无法
Has prescribed pre-exerc	ise medication			
Has prescribed PRN med	ication			
Student is Self-Carry/Self-	Administer, unless in an emer	gency or student	is incapable of self-adr	ninistration
Explanation				
	ATIONS			
participate in the sport(s) as be made available to the so if there are any changes in consequences of the health	named student and completed th outlined above. A copy of the physic chool administration at the request the student's health that could a issue are explained to both the stu lations contained herein are valid th	sical exam will be pro of the parents. This ffect his/her safe pard dent and his/her pard	ovided to the school medical form may be rescinded: by articipation in sports, and/or ents, and the health issue ha	room staff and can a medical provider r until the potential s been resolved. All
Name of medical provider (print/type)		Title	License/NPI	
Sample Provider		NP	123456	
Address 123 Sample St	•		Medical Provider's Stamp	ave
Phone 999-999-9999	ax 999-999-9999 Email		Stam	ot
Signature of medical-provider		Date 08/01/19		
would be ruled NOT COM	API JANT during a PSAL au		today's date is after 8/	15 the duration (

This PPE would be ruled NOT COMPLIANT during a PSAL audit. Even though today's date is after 8/15, the duration on the does not indicate when the student is cleared. John will need to submit a new clearance page with his new clearance decision after returning from his visit with the doctor.

Sample #5: Mary Major is a junior on Seward Park Campus' tennis team. Findings: Mary's form indicates that she is "Cleared with Restrictions/Adaptations/Accommodations." However, no restriction, adaptation, or accommodation has been provided on the form.

Frm.	ECOMMENDATIONS FOR PART	CICIPATION IN PHYSICAL EDU	CATION & SPORT
	To be completed by studen	t's health care provider or scho	ol medical provide
Last Name	First Name	OSIS#	Grade
	Mary	123456	5)
School/Campus/ATSDBN	~		
Seward Park			
CLEARED FOR ALL S	PORTS WITHOUT RESTRICTION		
NOT CLEARED	D	uration:	
NOT CLEARED PEND	ING FURTHER EVALUATION D	uration:	
CLEARED FOR ALL S EVALUATION OR TRE	PORTS WITHOUT RESTRICTION W ATMENT FOR:	VITH RECOMMENDATIONS FOR F	URTHER
CLEARED WITH REST	RICTIONS/ADAPTATIONS/ACCOM	MODATIONS Duration:	
NO CONTACT SPORTS: includes basketball, comport cheerleading, diving, field h football (tackle), gymnastic lacrosse, rugby, soccer, stup OTHER RESTRICTION	etitive includes baseball, cross- nockey, fencing, flag football, har ice skating, pole vault, sl	-country skiing, archery, badminto ndball, high jump, discus, double du kiing, softball, walking, rifle, sho tennis, tennis, tra	ACT SPORTS: includes on, bowling, cricket, utch, golf, javelin, race t-put, swimming, table ck & field
ACCOMMODATIONS/PF None Athletic Cup Brace/Orthotic	Sports/Safety Goggles D Medical/Pro	osthetic Device 🗖 Pacemaker 🗖 Insu Ear Gear 👘 🗇 Other	
MEDICATIONS			
Has prescribed pre-exer	cise medication		
	dication		
	f-Administer, unless in an emergenc		dministration
Explanation		y of station to mospable of sen-a	animistration
	ATIONS		
I have examined the abov	e named student and completed the pre	-participation physical examination. The	athlete may/may not
participate in the sport(s) a be made available to the s if there are any changes consequences of the healt	as outlined above. A copy of the physical e school administration at the request of the in the student's health that could affect h issue are explained to both the student a ndations contained herein are valid throug	exam will be provided to the school medi- e parents. This form may be rescinded: his/her safe participation in sports, and and his/her parents, and the health issue	cal room staff and can by a medical provider /or until the potential has been resolved. All
Name of medical provider (print/type)	Titi		
Sample Provider Address		DO 123456 Medical Provider's Sta	mo
123 Sample St	e	* Must	
Phone 999-999- 9999	Fax Email 999-999-9999 Sample	comd.com Star	np*
Signature of medical provider	Da	be/01/2019	

This form would be ruled NOT COMPLIANT during a PSAL audit. Mary must return her form to the physician to document the restriction, adaptation, or accommodation that is needed in order for her to participate.