



**CSMAS PREVENTION & PERFORMANCE SUBCOMMITTEE
MANDATORY MEDICAL EXAMINATIONS**

Areas of Inquiry / Requests for Input	
Do available health and safety data and/or industry best practices support or contest the possibility that the safety and well-being of new incoming student athletes can be adequately addressed:	
1	If an incoming student-athlete has not completed the mandatory medical exam within the six months prior to his/her participation in applicable athletics-related activities (e.g.; the exam was conducted more than six months prior to start and/or another one isn't conducted until after the start of participation)? Please describe any data or best practices relied on in your response.
2	If the required medical exam is conducted by someone other than a physician or properly licensed nurse practitioner? Please describe any data or best practices relied on in your response.
3	If the exam or evaluation is conducted by means of telehealth appointment? Please describe any data or best practices relied on in your response.

Issue Description/Assumptions
<p>Prior to participation in any practice, competition or out-of-season conditioning activities (or in Division I, permissible voluntary summer conditioning or individual workouts, or permissible required summer athletic activities in basketball and football), any incoming student-athlete is required to undergo a medical examination or evaluation administered or supervised by a physician or properly licensed nurse practitioner and it must be administered within six months prior to participation. In Division I the same requirement applies to participation in permissible voluntary summer conditioning or individual workouts. In Division I football and basketball, it also applies to participation in required summer athletic activities). The exam or evaluation may be conducted on campus or at home prior to arrival but must include a sickle cell solubility test unless documented results of a prior test are provided to the institution or the student-athlete declines the test and signs a written release. The requirement does not currently specifically prohibit or permit the use of telehealth appointments to satisfy the exam or evaluation requirement.</p> <p>It is typical for incoming student-athletes to schedule exam appointments in the spring or summer prior to the start of their participation. Many did not complete the necessary exam prior to the implementation of current COVID-related restrictions. The impact is broad in that it doesn't distinguish between traditional and non-traditional</p>

seasons and any incoming student-athlete looking to participate in any athletic activities commencing over the summer or at any point during the year would be required to meet the requirement.

Summary of Subcommittee Feedback

1. The subcommittee noted that while the delivery of health care has undoubtedly changed with the advent of CV-19, general access to health care and the number of available practicing physicians and nurse practitioners has not. For the great majority of individuals, necessary care appointments are still available and very accessible.
 - a. For example, facilities continue to regularly schedule and conduct well exams and vaccinations. Mandatory medical exams would fall into this same category of visits.
2. The subcommittee noted that most mandatory medical exams are conducted before SAs return to campus and are scheduled within 2-4 weeks before return. Therefore, student-athletes should not have difficulty scheduling and completing an appointment with a physician or appropriately licensed nurse practitioner over the summer months.
3. For those student-athletes who are not able to complete an exam before arriving to campus, schools will need to address the requirement once the student arrives. In most cases, this should not create an unreasonable burden on resources, and in fact, many schools have always required that mandatory medical exams be conducted on campus so there would be no change in process for these schools as a result of CV-19. Nevertheless, schools should give operational attention to this issue and begin planning accordingly.
4. The subcommittee believes that, in light of the applicable regulations and unique nature of institutional health care structure and student-athlete needs, determinations around whether and to what extent the use of telehealth to accommodate health care needs should be made at the institutional level.
 - a. However, it identified that the telehealth model was designed to supplement, not replace, the broader point of care structure, and it would be extremely difficult if not impossible to conduct certain aspects of a mandatory medical exam (e.g.; cardio/respiratory and other unique individual medical conditions or considerations) other than as part of an in-person appointment. For these reasons it cautioned that, while the telehealth model may

be appropriate for use with returning student-athletes who are known to the university medical staff, a new incoming student-athlete (e.g., freshman or transfer) would present an entirely different set of best practice considerations.

5. The subcommittee recognized and acknowledged the significant financial and resource constraints facing many members schools and emphasized that, in light of that, it's more important than ever for the school AHCA and school leadership to confirm that an institution is appropriately staffed to provide a safe and healthy environment for any student-athletes who are permitted to return to campus and to adequately address their unique health care needs and requirements, whatever those may be.