

The House Committee on Education offers the following substitute to HB 1626:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Part 14 of Article 6 of Chapter 2 of Title 20 of the Official Code of Georgia  
2 Annotated, relating to specific programs in elementary and secondary education, so as to  
3 provide that the State Board of Education shall develop a school interscholastic  
4 extracurricular athletic policy that provides for the use of a single, comprehensive,  
5 preparticipation physical examination form; to provide for physical examinations in certain  
6 circumstances; to provide for related matters; to repeal conflicting laws; and for other  
7 purposes.

8 **BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:**

9 **SECTION 1.**

10 This Act shall be known and may be cited as the "Ryan Boslet Bill."

11 **SECTION 2.**

12 Part 14 of Article 6 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated,  
13 relating to specific programs in elementary and secondary education, is amended by adding  
14 a new Code Section 20-2-319 to read as follows:

15 "20-2-319.

16 (a) The State Board of Education shall develop, with input from appropriate experts and  
17 organizations, a school interscholastic extracurricular athletic policy that provides for the  
18 use of a single, comprehensive, preparticipation physical examination form.

19 (b) As used in this Code section, the term 'participation' means participation in sports  
20 practices and actual interscholastic extracurricular sports competition.

21 (c) Each school district shall require students who participate in extracurricular sports in  
22 grades 9 through 12 in the schools of the district to have a physical examination prior to  
23 participation. The person conducting the physical examination shall use the State Board of  
24 Education approved form pursuant to subsection (f) of this Code section, provided that the  
25 form may at the option of the local board include additional elements.

1 (d) Each school district shall require students who continue to participate in extracurricular  
 2 sports in grades 9 through 12 to have an annual physical examination for the purpose of  
 3 updating the prescribed health form.

4 (e) Any physical examination required by this Code section shall be conducted by a  
 5 physician possessing an unrestricted license to practice medicine under Chapter 34 of Title  
 6 43.

7 (f) The State Board of Education shall appoint an appropriate committee to create the  
 8 comprehensive, preparticipation physical examination form to be used for physical  
 9 examinations required by this Code section. The committee may consult or work with  
 10 appropriate voluntary organizations approved by the State Board of Education in adopting  
 11 rules under this Code section. The form developed by the committee appointed under this  
 12 subsection shall contain, but not be limited to, the following questions:

13 '1. Have you had a medical illness or injury since your last check up or sports physical?

14 Do you have an ongoing or chronic illness?

15 2. Have you ever been hospitalized overnight?

16 Have you ever had surgery?

17 3. Are you currently taking any prescription or nonprescription (over-the-counter)  
 18 medications or pills or using an inhaler?

19 4. Have you ever taken any supplements (any product taken orally or intravenously that  
 20 is not considered to be a food substance) or vitamins to help you gain or lose weight or  
 21 improve your performance?

22 5. Do you have any allergies (for example, to pollen, medicine, food, or stinging  
 23 insects)?

24 Have you ever had a rash or hives develop during or after exercise?

25 6. Have you ever passed out during or after exercise?

26 Have you ever been dizzy during or after exercise?

27 Have you ever had chest pain during or after exercise?

28 Do you get tired more quickly than your friends do during exercise?

29 Have you ever had racing of your heart or skipped heartbeats?

30 Do you have high blood pressure or high cholesterol?

31 Have you ever been told you have a heart murmur?

32 Has any family member or relative died of heart problems or of sudden death before  
 33 age 50?

34 Have you had a severe viral infection (for example, myocarditis or mononucleosis)  
 35 within the last month?

36 Has a physician ever denied or restricted your participation in sports for any heart  
 37 problems?

- 1 7. Do you have any current skin problems (for example, itching, rashes, acne, warts,  
2 fungus, or blisters)?
- 3 8. Have you ever had a head injury or concussion?  
4 Have you ever been knocked out, become unconscious, or lost your memory?  
5 Have you ever had a seizure?  
6 Do you have frequent or severe headaches?  
7 Have you ever had numbness or tingling in your arms, hands, legs, or feet?  
8 Have you ever had a stinger, burner, or pinched nerve?
- 9 9. Have you ever become ill from exercising in the heat?
- 10 10. Do you cough, wheeze, or have trouble breathing during or after activity?  
11 Do you have asthma?  
12 Do you have seasonal allergies that require medical treatment?
- 13 11. Do you use any special protective or corrective equipment or devices that are not  
14 usually used for your sport or position (for example, knee brace, special neck roll, foot  
15 orthotics, retainer on your teeth, or hearing aid)?
- 16 12. Do you have any problems with your eyes or vision?  
17 Do you wear glasses, contacts, or protective eyewear?
- 18 13. Have you ever had a sprain, strain, or swelling after injury?  
19 Have you ever broken or fractured any bones or dislocated any joints?  
20 Have you ever had any other problems with pain or swelling in muscles, tendons,  
21 bones, or joints?
- 22 14. Do you want to weigh more or less than you do now?  
23 Do you lose weight regularly to meet weight requirements for your sport?
- 24 15. Do you feel stressed out?
- 25 16. Record the dates of your most recent immunizations (shots) for tetanus, measles,  
26 hepatitis B, and chickenpox.
- 27 17. Is there a history of Marfan's Syndrome in your family?
- 28 18. Is there a history of premature (prior to age 50) onset of diabetes in your family?
- 29 FEMALES ONLY
- 30 19. When was your first menstrual period?  
31 When was your most recent menstrual period?  
32 How much time do you usually have from the start of one period to the start of  
33 another?  
34 How many periods have you had in the last year?  
35 What was the longest time between periods in the last year?"

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**SECTION 3.**

2 All laws and parts of laws in conflict with this Act are repealed.