

NEW STUDENT HEALTH REQUIREMENTS Undergraduate, Graduate, and Professional Students (Ithaca Campus)

Welcome New Students!

Cornell Health provides medical care, mental health services, disability services, and advocacy for the wellbeing of all students. Over 220 staff members, with a wide range of training, expertise, and personal and professional experiences, work together to serve our diverse student body. Visit us when you come to campus and online at health.cornell.edu. You'll discover that we are focused on supporting your health and promoting a healthy campus community. Let us help you thrive at Cornell!

New Student Health Requirements

Cornell Health oversees the New Student Health Requirements process, through which you will provide information required to comply with state and federal laws, meet public health guidelines, and support optimal health care for you during your time at Cornell. The information you provide, as well as all health care you receive at Cornell Health, is confidential. Health care records are completely separate from all other university records.

Overview

1. **Print this document.** It will guide you through all the steps to meeting Cornell's Health Requirements.
2. **Plan ahead.** This process involves completion of a number of forms, and documentation of a physical examination and immunizations.
3. **Log onto [myCornellHealth](http://myCornellHealth.health.cornell.edu)** with your Cornell net ID: myCornellHealth.health.cornell.edu. This is our secure patient portal. You will access your Health Requirements forms there.
4. **Complete all forms; submit required documentation.** View your progress at "Forms" in myCornellHealth.
* **If we find problems, we will send an email alert** directing you to read a secure message at myCornellHealth for further instructions.
5. The status on the To Do List at newstudents.cornell.edu will be updated after a review of your materials demonstrates compliance with immunizations and TB screening. Please allow several weeks for review.

Deadlines

- * **Fall semester entrants: June 15, 2018**
- * **Fall semester transfer students: July 31, 2018**
- * **Spring semester entrants: December 20, 2018**

Checklist for Completing Requirements

1. New Student Health History

- ☐ Complete online form

2. Health Emergency Contact Information

- ☐ Complete online form

3. Privacy and Consent: under age 18

- ☐ Print Parent/Guardian Permissions form
- ☐ Ask parent or guardian to read and sign
- ☐ Upload or send completed form

Privacy and Consent: age 18 and over

- ☐ Complete two online forms: Part 1 and Part 2

4. New York State Immunization Registry: under age 19

- ☐ Complete online form

New York State Immunization Registry: age 19 and over

- ☐ Complete online form

5. New Student Immunization and TB Screening History

- ☐ Carefully review instructions (attached)
- ☐ Obtain copies of your official immunization records (from health care provider, school, or military) and any recent TB screening test reports
- ☐ Use official records to complete online form
- ☐ Upload or send copies of official records
- ☐ If you decide not to get the Meningococcal vaccine, you must submit the [Meningococcal waiver form](#) (pdf)

6. Physical Examination Form

- ☐ Physical exam within the past 18 months is strongly recommended for all incoming students
Physical exam (performed after March 1, 2018) is required for NCAA/intercollegiate athletes
- ☐ Take this form to your health care provider for documentation of exam
- ☐ Upload or send the Physical Examination Form

Other Forms You May Need to Complete

Recruited NCAA/Intercollegiate Athletes

- ☐ [Sports Clearance Process for Student Athletes](#) (pdf)
- ☐ [Athletes with ADD/ADHD Medical Exception Form](#) (pdf)

Vet Students

- ☐ [Vet Student Medical Examination Form](#) (pdf)

1. Access Cornell Health’s secure patient portal by going to mycornellhealth.health.cornell.edu
2. Login with your Cornell NetID and password
3. Enter your date of birth
4. Access everything you need from the Home screen

The screenshot shows the myCornellHealth Home screen. The left sidebar contains navigation links: Home, Profile, Appointments, Referrals, Handouts, Messages, Letters, Forms, Insurance Card, Surveys, Account Summary, Health Records, and Immunization Record. The main content area is titled 'Home' and displays the following information:

- You last logged in:** 3/14/2018 10:01:32 AM
- You have 5 Forms awaiting completion:**
 - Emergency Contact Information
 - Parent/Guardian Permissions for Student Under Age 18
 - New York State Immunization Registry Under Age 19
 - New Student Immunization and TB Screening History
 - New Student Physical Examination
- You Can Receive Text Message Appointment Reminders and Other Alerts:** [Enable Text Messages](#)
- Most Popular links:**
 - Appointments**
 - Schedule and cancel appointments
 - View scheduled appointments
 - Complete pre-appointment questionnaires
 - Messages**
 - Review **secure messages** from Cornell Health, including lab results
 - Select **"New Message"** on next page to:
 - Ask a **nurse** or a **pharmacist** a non-urgent question
 - Fill, refill, or transfer a **pharmacy prescription**
 - Provide **pharmacy insurance** information
 - Attach a file** to send to Cornell Health
 - Account Summary**
 - View and print bills

Annotations with arrows point to the following elements:

- Access your health requirements forms** points to the 'You have 5 Forms awaiting completion' section.
- Upload forms & documents** and **View secure messages from Cornell Health** point to the 'Messages' link in the sidebar.
- Access health requirements forms and track their status** points to the 'Forms' link in the sidebar.
- Review your immunization records and compliance** points to the 'Immunization Record' link in the sidebar.
- ... for timely communication with Cornell Health** points to the 'Enable Text Messages' link.

To upload forms and documents:

- Select “Messages” from navigation
- From the “Secure Messages Inbox,” select “New message”
- From the “Select Communication Option” window, select “Send a message or attachment to **Health Records**”
- Select “I understand” to continue
- In the “Compose New Secure Message” window:
 - Identify the form or document in the “Subject” window (If a form or document has several pages, please upload it as one multi-page document. Do not combine different forms or documents into one attachment.)
 - Add attachment (.png, .gif, .jpeg, .jpg, .pdf; file size limit 4 MB)
 - You may need to send several messages, depending on your requirements

To learn more about myCornellHealth: health.cornell.edu/get-care/mycornellhealth

Who must complete this form?

- All students taking 6 or more credits in any Cornell University program must complete this form.
- If you were a full-time student at Cornell between 2012–2018: you may skip the “Required Immunizations.” You may need to document a recent TB screening test. *See “Tuberculin Screening Requirement” below.* If you are not required to complete this form, you may remove it from your form list in myCornellHealth: open the form, scroll to the bottom, click “Submit.”

Instructions

- Step 1: Obtain official records from your health care provider, school, or military; or ask your health care provider to complete the attached Cornell Health form. Records must include your full name and birthdate, and be in English.
- Step 2: Go to myCornellHealth, and open the online New Student Immunization and TB Screening History form.
- Step 3: Enter your immunization information (and, if required, TB screening test results) into the online form.
- Step 4: Upload a copy of the printed Cornell Health immunization form or other comparable official records.

Required immunizations (Items 1 – 20)

To comply with New York State laws and public health guidelines, you must provide documentation that you have met immunization requirements for: Measles/Mumps/Rubella, Meningococcal, Tetanus/Diphtheria/Pertussis, and Varicella (Chicken Pox).

If you are not able to provide official documentation demonstrating that you have met all immunization requirements, you must schedule (and keep) an appointment for immunizations at Cornell Health as soon as you arrive on campus. *Failure to do so will result in late fees and a hold on your registration.* To schedule, call the Requirements Office: 607-255-4364.

Recommended immunizations (items 21 – 24)

We urge you to receive these vaccinations recommended by the U.S. Centers for Disease Control and Prevention and the American College Health Association: Hepatitis A, Hepatitis B, and Human Papilloma Virus (HPV).

- Enter information about all the recommended vaccinations (and other vaccinations, Items 25 – 34) you have received.
- Provide copies of official immunization records.
- If you would like to receive recommended vaccinations after you arrive on campus, please ask when you are getting required immunizations. If you have met all of your immunization requirements, you can call Cornell Health to schedule an appointment for the recommended immunization(s) you want: 607-255-5155.

Tuberculin (TB) screening requirement (items 35 – 38)

Following public health and college health guidelines, Cornell requires full-time students from countries that have a “high incidence” of tuberculosis (pdf) to provide documentation of results from a recent TB screening blood test. We recommend testing for all students, especially those who have spent time in a country where TB is endemic.

- If you are from a country with a “high incidence” of TB, you must document your TB test here and provide copies of official test result records.
- Please note: only Quantiferon-TB Gold or T-SPOT blood test will be accepted. Skin tests *do not* meet this requirement.
- If your TB test result was positive, you also must submit a chest x-ray report (no films, please).
 - Students entering in the summer or fall of 2018: your test must be dated September 1, 2017 or later.
 - Students entering in the spring semester of 2019: your test must be dated February 1, 2018 or later.
- If you are not able to submit documentation of an approved method of TB testing before coming to Cornell, you must schedule (and keep) an appointment for TB screening at Cornell Health as soon as you arrive on campus. *Failure to do so will result in late fees and a hold on your registration.* To schedule, call the Requirements Office: 607-255-4364.

Paying for vaccinations and TB testing at Cornell Health

- The charges for required and recommended immunizations, and for required TB screening tests, are covered by Cornell's Student Health Plan (SHP).
- They are not covered by Cornell's Student Health Fee. If you have private health insurance, you will be charged for required immunizations and TB testing. Check with your insurer to make sure you understand their reimbursement policy.

Submit official documentation

- **Upload copies of your official records.**
 - You may do so at the end of the New Student Immunization History on [myCornellHealth](#), or by selecting "Immunization Record" from the menu and choosing "Add Immunization Record."
 - Be sure to "SAVE" your work on the Immunization History before uploading records.
- If you are unable to upload records, you may *either* fax them to 607-255-0269, or mail them to:
CORNELL HEALTH
ATTN: Requirements Office
110 Ho Plaza
Ithaca, NY 14853-3101

PLEASE NOTE: Once submitted, review of your records may take up to three weeks. If we discover any problems, we will send an email to your Cornell address, directing you to read a secure message at myCornellHealth. Please follow up promptly to assure compliance with Cornell requirements and avoid late fees and registration holds.

INSTRUCTIONS

- Step 1:** Ask your health care provider to complete and sign this form. NOTE: If you have comparable official records from your health care provider, school, or military, you may submit those rather than using this printed form.
- Step 2:** Once you have your records, go to myCornellHealth, and open the online New Student Immunization and TB Screening History form.
- Step 3:** Enter your immunization information (and, if required, TB screening test results) into the online form.
- Step 4:** Follow instructions in the online form to upload a copy of this form OR other comparable official records.

Student name (last, first, middle) _____

Date of birth (mm-dd-yy) _____ **Cornell net ID #** _____

REQUIRED IMMUNIZATIONS

Students taking 6 or more credits must provide documentation that you have met all four of these immunization requirements.

1. Measles/Mumps/Rubella. Complete Option 1 or Option 2.

Option 1: Two doses of live MMR **on or after the first birthday** (Must have been given at least 28 days apart.)

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____

Option 2: If vaccines were given separately, select one each for Measles, Mumps, and Rubella.

Measles. Check one box only.

☐ Two doses of live vaccine administered **on or after the first birthday** (Must have been given at least 28 days apart.)

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____

☐ Physician-diagnosed illness

Date (mm-dd-yy) _____

☐ Protective antibody titer

Date (mm-dd-yy) _____

Lab

☐ positive

☐ negative

If negative, student must receive vaccine.

Mumps. Check one box only.

☐ Two doses of live vaccine administered **on or after the first birthday**

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____

☐ Physician-diagnosed illness

Date (mm-dd-yy) _____

☐ Protective antibody titer

Date (mm-dd-yy) _____

Result: ☐ positive

☐ negative

If negative, student must receive vaccine.

Rubella. Check one box only. (Previous clinical diagnosis of rubella is not sufficient.)

☐ One dose of live vaccine administered on or after the first birthday

Date (mm-dd-yy) _____

☐ Protective antibody titer

Date (mm-dd-yy) _____

Result: ☐ positive

☐ negative

If negative, student must receive vaccine.

2. Meningococcal Vaccine. Check all that apply.

For any of the ACYW-135 (*) meningococcal vaccines, the date of your vaccine should be within the past 5 years.

☐ Menactra™ *

Date (mm-dd-yy) _____

☐ Menveo™ *

Date (mm-dd-yy) _____

☐ Menomune™ *

Date (mm-dd-yy) _____

☐ Meningococcal ACYW-135 *

Specify other brand or brand unknown _____

Date (mm-dd-yy) _____

☐ Trumenba™ (for Type B only)

Date #1 (mm-dd-yy)

Date #2 (mm-dd-yy)

Date #3 (mm-dd-yy)

☐ Bexsero™ (for Type B only)

Date #1 (mm-dd-yy)

Date #2 (mm-dd-yy)

☐ I have decided not to obtain the meningococcal vaccine. I understand I must sign and upload Cornell Health's Meningococcal Waiver Form.

[This form is available on the New Student Immunizations and TB History form (item #16) accessed through myCornellHealth.]

3. Tetanus/diphtheria/pertussis booster (Tdap)

Date (mm-dd-yy) _____

You must have received a Tdap vaccine in the past 10 years.

4. Varicella (Chicken Pox). Check all that apply.

If you were born in the U.S. before 1980, this requirement does not apply.

☐ Two doses of vaccine

Date #1 (mm-dd-yy) _____

Date #2 (mm-dd-yy) _____

☐ Physician-diagnosed illness

Date (mm-dd-yy) _____

☐ Protective antibody titer

Date (mm-dd-yy) _____

Result: ☐ positive

☐ negative

If negative, student must receive vaccine.

RECOMMENDED IMMUNIZATIONS

These immunizations are recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association. To protect your health, we urge students to receive these important vaccinations (*or begin the series*) before starting at Cornell. Please provide dates.

Hepatitis A Vaccine

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____

Hepatitis B Vaccine

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____ Date #3 (mm-dd-yy) _____

HEP A / HEP B Combined Vaccine

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____ Date #3 (mm-dd-yy) _____

Human Papillomavirus (HPV) Vaccine Series *(recommended for students of all genders, 26 and under)*

Date #1 (mm-dd-yy) _____ Date #2 (mm-dd-yy) _____ Date #3 (mm-dd-yy) _____

OTHER VACCINATIONS YOU MAY HAVE RECEIVED

HIB Vaccine (Haemophilus Influenza B) Date (mm-dd-yy) _____

Pneumococcal Vaccine Date (mm-dd-yy) _____

Polio Vaccine (before age 18) *Check one box only.*

☐ IPOL Date of most recent dose (mm-dd-yy) _____
☐ OPV Date of most recent dose (mm-dd-yy) _____
☐ EPV DOSE #1 (mm-dd-yy) _____ DOSE #2 (mm-dd-yy) _____ DOSE #3 (mm-dd-yy) _____

Rabies Vaccine

Date #1 (mm-dd-yy) _____ ☐ RabAvert ☐ Imovax ☐ Unknown
Date #2 (mm-dd-yy) _____ ☐ RabAvert ☐ Imovax ☐ Unknown
Date #3 (mm-dd-yy) _____ ☐ RabAvert ☐ Imovax ☐ Unknown

Typhoid Vaccine Date (mm-dd-yy) _____

Yellow Fever Vaccine Date (mm-dd-yy) _____

TUBERCULIN (TB) SCREENING TEST

- **REQUIRED** for full-time students from countries with a high incidence of TB: **T-SPOT or Quantiferon-TB Gold blood test**. Students with a positive result must have a chest x-ray. If you are unable to get your required test before arriving at Cornell, you will have to get it as soon as you arrive.
- Recommended for all students, especially those who have spent time in countries with a high incidence of TB.
- Review list of countries with a high incidence of TB on the New Student Immunization and TB Screening History form at myCornellHealth.

Check all Tuberculin screening tests you have had.

<input type="checkbox"/> PPD, Mantoux (skin tests)	Date (mm-dd-yy) _____	Result: _____ mm of induration
<input type="checkbox"/> T-SPOT®.TB (blood test)	Date (mm-dd-yy) _____	Result: <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> QuantiFERON®-TB Gold (blood test)	Date (mm-dd-yy) _____	Result: <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> Chest x-ray	Date (mm-dd-yy) _____	Result: <input type="checkbox"/> normal <input type="checkbox"/> abnormal

HEALTH CARE PROVIDER INFORMATION AND SIGNATURE

Signature _____ Date (mm-dd-yy) _____

Name _____ last, first, middle degree/title Work Phone _____

Address _____

Documentation of recent TB screening is:

- **Required** for students from “high incidence” countries (see World Health Organization list: www.who.int/tb/data/en)
- **Recommended** for all students, especially those who have lived or spent time in a country that has a “high incidence” of TB

Students from these countries are **REQUIRED** to submit documentation of recent TB screening due to **HIGH INCIDENCE** of TB.

Afghanistan	Congo DR	Kiribati	Nicaragua	South Africa
Aland Islands	Cote d'Ivoire	Korea-DPR	Niger	South Sudan
Algeria	Djibouti	Korea-Rep	Nigeria	Spain
Angola	Dominican Republic	Kosovo	Niue	S. Georgia & S. Sandwich Islands
Anguilla	Ecuador	Kuwait	Northern Mariana Islands	Sri Lanka
Antarctica	El Salvador	Kyrgyzstan	Pakistan	Sudan
Argentina	Equatorial Guinea	Lao PDR	Palau	Suriname
Armenia	Eritrea	Latvia	Panama	Swaziland
Azerbaijan	Ethiopia	Lesotho	Papua New Guinea	Syrian Arab Republic
Bangladesh	Fiji	Liberia	Paraguay	Taiwan
Belarus	French Guinea	Lithuania	Peru	Tajikistan
Belize	Gabon	Macao	Philippines	Tanzania-UR
Benin	Gambia	Madagascar	Portugal	Thailand
Bhutan	Georgia	Malawi	Qatar	Timor-Leste
Bolivia	Ghana	Malaysia	Republic of Serbia	Togo
Bosnia & Herzegovina	Guam	Maldives	Romania	Tokelau
Botswana	Guatemala	Mali	Russian Federation	Tonga
Brazil	Guernsey	Marshall Islands	Rwanda	Tunisia
Brunei Darussalam	Guinea	Mauritania	Saint Barthélemy	Turkmenistan
Bulgaria	Guinea-Bissau	Mauritius	Saint Martin	Tuvalu
Burkina Faso	Guyana	Mexico	Saint Pierre and Miquelon	Uganda
Burundi	Haiti	Micronesia	Saint Vincent & the Grenadines	Ukraine
Cambodia	Honduras	Moldova-Rep	Sao Tome & Principe	Uruguay
Cameroon	Hong Kong	Mongolia	Saudi Arabia	US Minor Outlying Islands
Canary Islands	India	Montenegro	Senegal	Uzbekistan
Cape Verde	Indonesia	Morocco	Serbia	Vanuatu
Central African Republic	Iraq	Mozambique	Seychelles	Venezuela
Chad	ISIR Profile Country	Myanmar	Sierra Leone	Vietnam
China	Isle of Man	Namibia	Singapore	Wallis & Futuna Islands
Columbia	Jersey	Nauru	Sint Maarten	Yemen
Comoros	Kazakhstan	Nepal	Solomon Islands	Zambia
Congo	Kenya	New Caledonia	Somalia	Zimbabwe

Students from these countries are **NOT REQUIRED** to submit documentation of recent TB screening due to **LOW INCIDENCE** of TB.

Albania	Cook Islands	Greece	Malta	Samoa
America Samoa	Costa Rica	Greenland	Martinique	San Marino
Andorra	Croatia	Grenada	Mayotte	Scotland
Antigua and Barbuda	Cuba	Guadeloupe	Monaco	Slovakia
Aruba	Curacao	Heard and McDonald Islands	Montserrat	Slovenia
Australia	Cyprus	Holy See (Vatican City State)	Netherlands	Svalbard and Jan Mayen
Austria	Czech Republic	Hungary	Netherlands Antilles	Sweden
Bahamas	Denmark	Iceland	New Zealand	Switzerland
Bahrain	Dominica	Iran	Norfolk Island	Trinidad and Tobago
Barbados	East Timor	Ireland	Northern Ireland	Turkey
Belgium	Egypt	Israel	Norway	Turks and Caicos Islands
Bermuda	Estonia	Italy	Oman	United Arab Emirates
Bouvet Island	Falkland Islands (Malvinas)	Jamaica	Palestinian Territory, Occupied	United Kingdom
British Indian Ocean Territory	Faroe Islands	Japan	Pitcairn	United States of America
British Virgin Islands	Finland	Jordan	Poland	United States Virgin Islands
Canada	France	Lebanon	Puerto Rico	Wales
Cayman Islands	French Polynesia	Libyan Arab Jamahiriya	Reunion	Western Sahara
Chile	French Southern Territories	Liechtenstein	Saint Helena	West Bank & Gaza Strip
Christmas Island	Germany	Luxembourg	Saint Kitts and Nevis	
Cocos (Keeling) Islands	Gibraltar	Macedonia-TFYR	Saint Lucia	

Intercollegiate/NCAA athletes: Physical exam after March 1, 2018 is required. Sports Clearance Form must be completed by a health care provider and submitted with this form.
All other students: Physical exam within the past eighteen months is strongly recommended.

Student Name _____ (first, middle, last) **Date of Birth** _____ (mm-dd-yyyy)
Date of physical exam (mm-dd-yyyy) _____ **Cornell net ID#** _____

GENERAL MEDICAL INFORMATION

Height _____ **Weight** _____ **Blood Pressure** _____ **Heart Rate** _____

General Appearance _____ **Marfan stigmata** ☐ Present ☐ Absent

Visual Acuity (Snellen, e.g., 20/40) **Uncorrected:** Left Eye ____ / ____ Right Eye ____ / ____
Corrected: Left Eye ____ / ____ Right Eye ____ / ____

Check normal or abnormal for each item (comment below on all abnormal).

	Normal	Abnormal		Normal	Abnormal
• Eyes/Pupils	<input type="checkbox"/>	<input type="checkbox"/>	• Pulses (simultaneous femoral and radial pulses)	<input type="checkbox"/>	<input type="checkbox"/>
• Mouth/Teeth	<input type="checkbox"/>	<input type="checkbox"/>	• Heart (murmurs—auscultation standing, supine, +/- Valsalva)	<input type="checkbox"/>	<input type="checkbox"/>
• Neck/Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	• Skin (e.g., HSV, lesions suggestive of MRSA, tinea corporis)	<input type="checkbox"/>	<input type="checkbox"/>
• Lungs	<input type="checkbox"/>	<input type="checkbox"/>	• Genitourinary (males only)	<input type="checkbox"/>	<input type="checkbox"/>
• Abdomen/Hernia	<input type="checkbox"/>	<input type="checkbox"/>			

Musculoskeletal (Including ranges of motion, surgical scars, and anomalies) Check normal or abnormal for each item for athletes and students with orthopedic problems.

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
• Ankles	<input type="checkbox"/>	<input type="checkbox"/>	• Hands	<input type="checkbox"/>	<input type="checkbox"/>			
• Back	<input type="checkbox"/>	<input type="checkbox"/>	• Hips	<input type="checkbox"/>	<input type="checkbox"/>	• Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
• Elbows	<input type="checkbox"/>	<input type="checkbox"/>	• Knees	<input type="checkbox"/>	<input type="checkbox"/>	• Duck walk,	<input type="checkbox"/>	<input type="checkbox"/>
• Feet	<input type="checkbox"/>	<input type="checkbox"/>	• Neck	<input type="checkbox"/>	<input type="checkbox"/>	single leg hop		

Comment on abnormal findings. _____

CLINICAL TESTS (required only for NCAA athletes)

Hemoglobin _____ OR **Hematocrit** _____

Sickle Cell Trait test result (NCAA athletes must provide a copy of the actual lab report) ☐ Negative ☐ Positive

Other relevant test results _____

ORGAN LOSS Evidence of a loss of any paired organ? ☐ Yes ☐ No Please specify _____

HISTORY OF HOSPITALIZATION OR SURGERY (INCLUDING ORTHOPEDIC)

☐ Yes ☐ No If yes, please explain. _____

Able to participate in all sports without restriction?

☐ Yes ☐ No If no, please specify recommendations for physical activity. _____

DOCUMENTATION Please provide records related to ongoing care (EKG's, MRIs, stress tests, etc.).

Current medical and mental health issues

Recommendations for continuing care

HEALTH CARE PROVIDER SIGNATURE

 Signature _____ Date (mm-dd-yyyy) _____

Name _____ (last, first, middle) Work Phone _____ (degree/title)

Address _____

Instructions

1. Health care provider:

- Complete Physical Examination form in full.
- Provide signature and contact information.
- Attach copies of any appropriate documentation.

2. Student — return ONE COPY only:

- **UPLOAD through myCornell Health:** mycornellhealth.health.cornell.edu
 - Log in with Cornell net ID, password, and date of birth.
 - From Home Screen, click on "Messages."
 - Then "New message;" then "Send message or attachment to Health Records."
 - We accept the following file types: PNG, JPG, JPEG, GIF, PDF (no larger than 4 MB).
 - Upload your physical exam form as one attachment and any supporting documentation in separate attachments. If any document is more than one page, please upload as a single, multi-page attachment.
- **or FAX:** 607.255.0269
- **or MAIL:** Cornell Health Attn: Requirements Office
110 Ho Plaza
Ithaca, NY 14853-3101

Instructions: RECRUITED INTERCOLLEGIATE/NCAA ATHLETE

1. Health care provider:

- Complete Physical Examination form in full.
- Complete Sports Clearance form in full (see below).
- For student athletes on medications for ADHD/ADD, complete "ADHD/ADD Medical Exception Form" (see below).
- Provide signature and contact information.
- Attach copies of any appropriate documentation (*must include Sickie Cell Trait Lab report*).

2. Student athlete — return ONE COPY only:

- **UPLOAD through myCornell Health:** mycornellhealth.health.cornell.edu
 - Log in with Cornell net ID, password, and date of birth.
 - From Home Screen, click on "Messages."
 - Then "New message;" then "Send message or attachment to Health Records."
 - We accept the following file types: PNG, JPG, JPEG, GIF, PDF (no larger than 4 MB).
 - Upload your physical exam form as one attachment, your sports clearance form as a separate attachment, and any supporting documentation as separate attachments. If any document is more than one page, please upload as a single, multi-page attachment.
- **or FAX:** 607.255.0269
- **or MAIL:** Cornell Health Attn: Requirements Office