

Intercollegiate/NCAA athletes: Physical exam after March 1, 2019 (for fall entrants) or August 1, 2019 (for spring entrants) is required. You must use this form. Sports Clearance Form must be completed by a health care provider and submitted with this form.

All other students: Exam within the past 18 months is strongly recommended. Another form may be substituted (must include Cornell Net ID and provider information).

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 (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

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

Check normal or abnormal for each item:

<ul style="list-style-type: none"> • Eyes/Pupils <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Mouth/Teeth <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Neck/Thyroid <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Lungs <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Abdomen/Hernia <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal 	<ul style="list-style-type: none"> • Pulses (simultaneous and radial pulses) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Heart (murmurs—auscultation standing, supine, +/- Valsalva) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Skin (e.g., HSV, lesions suggestive of MRSA, tinea corporis) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Genitourinary (males only) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<ul style="list-style-type: none"> • Ankles <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Back <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Elbows <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Feet <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal 	<ul style="list-style-type: none"> • Hands <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Hips <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Knees <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Neck <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Shoulders <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal • Duck walk, single leg hop <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

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 If yes, please specify _____

HISTORY OF HOSPITALIZATION OR SURGERY (including orthopedic) Yes No

If yes, please explain _____

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

Current medical and mental health issues	Recommendations for continuing care
_____	_____
_____	_____
_____	_____

SPORTS PARTICIPATION Able to participate in all sports without restriction? Yes No

If no, please specify recommendations for physical activity _____

HEALTH CARE PROVIDER INFORMATION

Signature _____ Date (mm-dd-yyyy) _____

Name (first, middle, last) _____ Degree/title _____

Address _____ Work phone _____

Instructions

1. Health care provider:

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

2. Student — return ONE COPY only:

- **UPLOAD through myCornellHealth:** mycornellhealth.health.cornell.edu
 - 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.
- Complete Sports Clearance Form.*
- For student athletes on medications for ADHD/ADD, complete ADHD/ADD Medical Exception Form.*
- Provide signature and contact information.
- Attach copies of any appropriate documentation (*must include Sickle Cell Trait Lab report*).

2. Student athlete — return ONE COPY only:

- **UPLOAD through myCornellHealth:** mycornellhealth.health.cornell.edu
 - 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
110 Ho Plaza
Ithaca, NY 14853-3101

* Go to health.cornell.edu [search: “sports clearance”] to download:

- Sports Clearance Process instructions and form
- ADHD/ADD Medical Exception Form and Instructions