

For entering students; see instructions for submitting this form on next page

Intercollegiate/NCAA athletes: Physical exam after March 1, 2023 (for fall entrants) or August 1, 2023 (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 Mouth/Teeth Neck/Thyroid Lungs Abdomen/Hernia 	<p>Normal Abnormal</p> <div> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> </div>	<ul style="list-style-type: none"> Pulses (simultaneous and radial pulses) Heart (murmurs—auscultation standing, supine, +/- Valsalva) Skin (e.g., HSV, lesions suggestive of MRSA, tinea corporis) Genitourinary (males only) 	<p>Normal Abnormal</p> <div> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> </div>
<ul style="list-style-type: none"> Ankles Back Elbows Feet 	<p>Normal Abnormal</p> <div> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> </div>	<ul style="list-style-type: none"> Hands Hips Knees Neck 	<p>Normal Abnormal</p> <div> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> </div>
		<ul style="list-style-type: none"> Shoulders Duck walk, single leg hop 	<p>Normal Abnormal</p> <div> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> </div>

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

- Go to your Medical Clearance list:
 - Use the “Physical Examination” item to upload your Physical Examination form.
 - If you have additional documentation or health records you would like to submit, please send by attachment by selecting Messages > New Message > Send a Message or Attachment to Health Records.
- If you are not able to upload through your Medical Clearance list, please:
 - FAX: 607.255.0269, OR
 - Mail: Cornell Health Attn: Requirements Office, 110 Ho Plaza, Ithaca, NY 14853-3101
 - Do not email, because email is not a secure way to transmit personal health information.

Instructions: RECRUITED NCAA INTERCOLLEGIATE 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 Sickie Cell Trait Lab report).

2. Student athlete

- Go to your Medical Clearance list:
 - Use the “Athlete (NCAA) Physical Examination” item to upload your Physical Examination form.
 - Use the “Athlete (NCAA) Sports Clearance” item to upload your Sports Clearance form.
 - Use “Athlete: Doc. Upload” to submit test results (including your Sickie Cell Trait lab report) and other supporting documentation.
 - Student athletes on medications for ADHD/ADD, must submit the ADHD/ADD Medical Exception Form. *
Use “Athlete: Doc. Upload” to submit this form.
- If you are not able to upload through your Medical Clearance list, please:
 - FAX: 607.255.0269, OR
 - Mail: Cornell Health Attn: Requirements Office, 110 Ho Plaza, Ithaca, NY 14853-3101
 - Do not email, because email is not a secure way to transmit personal health information.

* Download the ADHD/ADD Medical Exception Form and Instructions:

Go to health.cornell.edu [search: Sports Clearance], OR:

https://health.cornell.edu/sites/health/files/docs/Requirements/NCAA_ADHD_medical_exception.pdf