Cornell University
Gannett Health Services

Sports Medicine
Gannett Health Services
Ithaca, NY 14853-3101
t. 607.255.5156
f. 607 255.7786
web: www.gannett.cornell.edu

Sports Clearance Process for Cornell Student Athletes

The Sports Medicine team welcomes you to Cornell. We look forward to supporting your health, well-being, and performance as an athlete and student. To protect the health of intercollegiate student athletes, Cornell requires *every* athlete to receive a formal medical clearance *each year* from Gannett Sports Medicine. *Follow these instructions thoroughly* to ensure a timely process. **You will not be able to participate with your team until you complete this process.**

TWO REQUIRED FORMS:

1. **Complete both the Health History Form and the Sports Clearance Form.**
2. **Your health care provider must provide the following**:
   - For the Health History Form:
     - ☐ Verification of immunizations.
     - ☐ Documentation of a physical examination conducted after March 1, 2011.
     - ☐ Documentation of your test result for Sickle Cell Trait.
     - ☐ Health care provider contact information and signature.
     - ☐ If you are on medication for ADD/ADHD, the medical exception form (*see below*).
   - For the Sports Clearance Form:
     - ☐ Health care provider contact information, signature, and recommendation regarding your participation in intercollegiate sports. If you have seen a cardiologist, please include his/her recommendations regarding your participation in intercollegiate sports.
     - ☐ Relevant chart notes (including surgery notes), lab reports, and x-ray reports.
     - ☐ Cardiology screening documents: For any "yes" answers in Section E, you must provide notes from your cardiologist or primary care provider (chart notes, EKG, echocardiogram, stress, echo, or other reports).
     - ☐ Records from your health care provider(s) should be mailed or faxed to:

       Gannett Health Services (Attn: Sports Medicine) Fax: 607.255.7786
       110 Ho Plaza Ithaca, NY 14853-3101 Phone: 607.255.5156
   - If you do *not* provide documentation of the physical exam for the Health History Form, you will have to get it at Gannett Health Services. If there are significant abnormalities on your physical exam or Sports Clearance Form that have not been addressed by your health care provider, further evaluation may be necessary. Cost of consultation, exams, and diagnostic testing are not covered by Cornell Athletics and will be your responsibility.
3. **Mail by the deadline** your Sports Clearance Form and Health History Form (*together in one envelope*): **June 13 for fall entrants**; August 1 for fall transfer students, and December 16 for spring 2012 entrants.

ATHLETES WITH ADD/ADHD: Submit health care provider documentation with health forms.

The NCAA requires documentation of ADD/ADHD diagnosis and treatment to allow for a medical exception from the NCAA ban on the use of stimulants. **This form must be completed by your health care provider and submitted** with your Health History and Sports Clearance Forms. Download the medical exception form and instructions from our website: *www.gannett.cornell.edu/services/medical/sports/clearance.cfm*

ImPACT CONCUSSION BASELINE TEST: Complete before coming to campus.

Most incoming Cornell NCAA athletes are required to complete the ImPACT Concussion Baseline Test, a test of cognitive function including memory and reaction time. We use this tool to support the recovery of athletes in the event of a concussion or head injury. (Members of the golf, tennis, squash, track, rowing, and swimming teams do not have to take this test; pole vaulters and divers *must* take the test.) Review the attached instructions now to complete on time.

SPORTS CLEARANCE VISIT AT GANNETT HEALTH SERVICES: Attend *after* coming to campus.

After you arrive at Cornell at the beginning of the semester, you must report with your team for your sports clearance. Your coach will have the schedule.

GANNETT HEALTH SERVICES SPORTS MEDICINE
110 Ho Plaza, Ithaca, New York 14853-3101
Phone: 607.255.5156 Fax: 607.255.7786

SPORTS CLEARANCE FORM

Today's Date _____ Name _____

Sport(s) _____ Cornell ID _____

Address _____ DOB _____

E-mail Address _____ Home Phone _____ Cell Phone _____

Personal Physician _____ Physician Phone & Fax _____/_____

A. INJURIES *Check and explain in the space provided below.*

List x-rays, MRI's, CT's, injections, rehabilitation, physical therapy, brace, cast, etc. and give approximate dates.

✸ If injury was within the last 2 years, please provide chart notes and radiology reports.

	INJURY			
	None	Old	Current	Approx. Date
1. Shoulder/Elbow (e.g., dislocation, rotator cuff, AC separation) _____	☐	☐	☐	_____
2. Arm/Wrist/Hand/Finger (e.g., fractures) _____	☐	☐	☐	_____
3. Neck (e.g., burners, pinched nerve) _____	☐	☐	☐	_____
4. Ribs/Abdomen _____	☐	☐	☐	_____
5. Low back pain (e.g., herniated disc) _____	☐	☐	☐	_____
6. Leg/Hip (e.g., quadriceps, hamstring strain) _____	☐	☐	☐	_____
7. Knee (e.g., ligament, meniscus, patella) _____	☐	☐	☐	_____
8. Lower leg (e.g., shin splints, calf strain) _____	☐	☐	☐	_____
9. Ankle/Calf/Foot/Toe (e.g., sprain, Achilles): _____	☐	☐	☐	_____
10. Stress Fractures: _____	☐	☐	☐	_____

Explain: _____

_____

_____

B. SURGERIES *List all surgeries and approximate dates.*

✸ If surgery was in the past year, provide a summary, copies of surgical notes, and notes that cleared you to return to your sport.

Type of Surgery _____ Date _____

_____ Date _____

EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED ON NEXT PAGE.

C. NEUROLOGICAL ISSUES	**Yes**	**No**
1. Have you ever had a head injury or concussion? _____	☐	☐
If yes, list all dates _____		
Describe any memory loss _____		
Describe any problems in the days afterward (e.g. confusion, headache, concentration)? _____		
How long did it take you to recover? _____		
Describe any problems you are still having _____		
2. Have you been hit in the head and been confused or lost your memory? _____	☐	☐
If yes, describe _____		
3. Have you ever had a seizure (e.g. epilepsy)? If yes, date of last seizure _____	☐	☐
List all current medications you take to prevent seizures _____		
4. Do you have frequent or severe headaches? _____	☐	☐
Date last evaluated by health care provider _____		
List all headache medications that you take _____		
5. Do you have headaches with exercise? _____	☐	☐
6. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? _____	☐	☐
7. Have you ever been unable to move your arms or legs after being hit or falling? _____	☐	☐
8. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? _____	☐	☐

D. SIGNIFICANT HEALTH ISSUES		
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Have you ever been hospitalized overnight for reasons other than surgery?	☐	☐
3. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? _____	☐	☐

Student Name (*please print)*_____

EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED BELOW.

E. GENERAL MEDICAL ISSUES	**Yes**	**No**
1. Are there any current prescription medicines or over-the-counter medicines that you take regularly? (*list*)_____	☐	☐
2. Do you have any allergies to medicines?_____	☐	☐
3. Do you have any severe allergies to food or insect stings?_____	☐	☐
4. Do you have seasonal allergies (hay fever) or other allergies that require medicines?_____	☐	☐
5. Have you ever had any rash or hives develop during or after exercise?_____	☐	☐
6. Do you cough, wheeze, or have breathing difficulty during or after exercise?_____	☐	☐
7. Do you have asthma? _____	☐	☐
8. Have you ever used an inhaler, or taken asthma medicine?_____	☐	☐
9. Is there anyone in your family who has asthma?_____	☐	☐
10. Do you have any current skin problems (e.g. athlete's foot, ringworm, impetigo)?_____	☐	☐
11. Have you ever had a herpes skin infection?_____	☐	☐
12. Have you had infectious mononucleosis (mono) within the past month?_____	☐	☐
13. When exercising in the heat, do you have severe muscle cramps or become ill? _____	☐	☐
14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (e.g., knee brace, special neck roll, foot orthotics, retainer on your teeth, goggles, face shield, or hearing aid)?_____	☐	☐
15. Have you ever had a detached retina or any severe eye trauma?_____	☐	☐
16. Is your vision in either eye worse than 20/40 even with correction (contacts or glasses)?_____	☐	☐
17. Do you feel significantly stressed or depressed?_____	☐	☐
If yes, are you taking any medications? (*list*)_____	☐	☐
18. Has anyone recommended you change your weight or eating habits?	☐	☐
19. Do you have any history of anorexia or bulimia?_____	☐	☐
20. Do you have a history of bleeding disorders such as hemophilia, Von Willebrand disease or other factor deficiencies? ✸ *If yes, provide documentation*.	☐	☐
21. Have you ever been diagnosed with ADD/ADHD? _____	☐	☐
If yes, are you taking any medications? (*list*)_____	☐	☐

F. CARDIOLOGY SCREENING ✸ *For all YES answers, you must provide copies of chart notes or test reports.*	**Yes**	**No**
1. Have you ever passed out, or nearly passed out, during or after exercise? *If yes, list dates.* _____	☐	☐
2. Have you ever had discomfort, pain or pressure in your chest during exercise? _____	☐	☐
3. Does your heart race or skip beats during exercise? _____	☐	☐
4. Has a doctor has ever told you that you have any of the following? *If yes, please check all that apply*: ☐ high blood pressure ☐ heart murmur ☐ high cholesterol ☐ heart infection		
5. Has a doctor ever ordered a test for your heart? (e.g. ECG, echocardiogram)_____	☐	☐
6. Has anyone in your family died for no apparent reason? _____	☐	☐
7. Has any family member/relative died of heart problems or sudden death before age 50? _____	☐	☐
8. Has a physician ever denied or restricted your participation in sports for any heart problems? _____	☐	☐
9. Is there any family history of Marfan's Syndrome, cardiomyopathy or long QT syndrome, or other heart problem?_____	☐	☐
10. Do you have any ongoing medical problems for which you are being treated (e.g. anemia, diabetes, thyroid disorder, asthma, etc.)? _____	☐	☐

G. WOMEN'S HEALTH (*Females only.*)	**Yes**	**No**
1. Do you use a hormonal form of contraception, or other hormonal medication? *Specify*: _____	☐	☐
2. At what age was your first menstrual period? _____		
3. How much time do you usually have from the start of one period to the start of another? _____		
4. What was the longest time between periods in the past 12 months? _____		

YOU MUST PROVIDE AN EXPLANATION FOR ALL "YES" ANSWERS HERE.

_____

_____

_____

_____

_____

_____

H. HEALTH CARE PROVIDER INFORMATION AND SIGNATURE

- This section must be completed by your health care provider.
- Health care provider contact information and signature is required for completion of this form.
- Please be aware that final sports clearance decision will be made by the Chief of Sports Medicine at Cornell.

Provider Name _____ Work Phone _____

Address _____
Street

_____
City *State* *Zip or Postal Code* *Country*

I have reviewed this Sports Clearance Form, and:

☐ I recommend that the patient be cleared for full participation in intercollegiate sports.

☐ I recommend that the patient be cleared for participation in intercollegiate sports with the following limitations: _____

_____

_____

☐ I do not recommend this patient be cleared for participation in intercollegiate sports due to the following: _____

_____

_____

Provider Signature _____ **Date** _____

I. STUDENT ATHLETE AGREEMENT AND SIGNATURE

- I understand that failure to have all appropriate medical records sent to Gannett will result in a delay of my sports clearance.

  ALL REQUIRED DOCUMENTATION (*as indicated by ✸ throughout this form*) must be mailed or faxed to:
  Gannett Health Services Fax: 607.255.7786
  Attn: Sports Medicine Phone: 607.255.5156
  110 Ho Plaza Ithaca, NY 14853-3101

- I understand that I must refrain from practice or play during medical treatment until I am discharged from treatment, or am given permission by a Gannett Health Services clinician to resume participation despite continuing treatment.
- I understand that passing the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me at the time of the examination.
- I understand that even a normal history and examination does not preclude the existence of potentially life-threatening health problems.
- I understand that Gannett Health Services Sports Medicine may need to communicate medical or mental health information to my athletic trainer if my condition will affect my ability to practice or compete in my sport. Information will be the minimum necessary to assist in making decisions regarding my participation, athletic treatment, and rehabilitation. I understand that I may revoke this consent at any time with the knowledge that my clearance to participate in my sport(s) may be withdrawn. I also understand that while it is Cornell's general practice to disclose such information only as appropriate in relation to my continued participation in athletics, re-disclosure by the recipient (e.g., to my coach and others as may be necessary or appropriate) is no longer protected under the medical privacy law (HIPAA).
- I verify by my signature below that all information is current and accurate.

Student name (*please print*) _____

Student signature _____ **Date** _____

3/01, Revised 1/02, 1/03, 1/04, 11/06, 1/07, 8/08, 4/09, 6/09, 2/10, 6/10, 1/11

ImPACT Concussion Baseline Test

INSTRUCTIONS

The ImPACT Concussion Baseline Test is a test of cognitive function including memory and reaction time. It is NOT a measure of intelligence! The purpose of the test is to have this information available for comparison in the event that you have a head injury or concussion during your season. It is a valuable tool for supporting the recovery of athletes after such an injury.

1. Who is required to take the test?

- All Cornell student athletes must take the test *except* participants in the following sports: golf, tennis, squash, rowing, swimming*, and track*.
- *Divers and pole-vaulters also must take the test.

2. When should I take the test?

- The ImPact Test must be completed *prior* to attending your sports clearance at Gannett Health Services.
- We recommend you do it as soon as possible.
- At least mark your calendar now so you don't forget to do it before coming to campus.

3. What are the computer requirements for taking the test?

Check your computer carefully before you take the test. If the computer you use does not adhere to these requirements, your results will not be accurate, and you will need to repeat the test.

- **Mouse**: The computer you use MUST have an external mouse. Test results will not be accurate using a TouchPad or TrackPoint mouse.
- **Power**: If you are taking your exam on a laptop computer, make sure it is plugged into an electrical outlet and is not running on battery power.
- **Internet**: Broadband internet connection *only*.
- **Browser**: Internet Explorer 6.0 and above, OR Firefox 1.5 or above, OR Safari for the Mac running OSX 10.2 and above.
- **Macromedia**: Adobe Flash Player 8.0 or newer. You can download Flash Player at www.adobe.com.
- **Pop-up blocker**: must be turned off for the duration of the test.
- **All other programs** on your computer must be closed before taking the test.

4. How long will the test take?

The test will take approximately 25 to 30 minutes. The system allows users up to 45 minutes to take the test.

5. How do I get started?

- **Preparation**: To ensure the most accurate results, give this test your full attention. Turn off cell phones, music, TV, and eliminate other background noises and distractions. Take the test when you are well-rested; taking the test when you are tired or distracted may interfere with your ability to answer clearly.
- **Log on**: Go to **www.impacttestonline.com/colleges**. You will be linked directly to the test website. Click on the Launch Baseline Test button.
- **Identification:** You will be prompted to enter your first name, last name, and date of birth. Enter this information accurately, using your given name (no nicknames). Select 'Cornell University' when prompted for the school name, and select your sport in the appropriate section.
- **Initial questions**: You will be directed to a series of background questions that you must answer before taking the test. Please answer all of the questions as honestly as possible.
- **Test instructions**: Follow all instructions carefully. Missing key instructions or not giving the test your full attention will affect your results. Having accurate baseline information will be very important in assessing and supporting your recovery in the event of a head injury or concussion.
- **Put in your best effort**. This is a hard test. No one gets everything right (even super-achieving Cornell students), so don't get frustrated. Your results will be reviewed and the test will be repeated if your results are not consistent.

6. What do I do after I complete the test?

- If you have completed the test, you do not need to do anything further.
- If you have any questions or problems regarding the test or if you were unable to complete the test, please notify your coach, trainer, or Gannett Health Services Sports Medicine staff at 607.255.5156.