Sports Clearance Process for Cornell Student Athletes

The Sports Medicine team welcome 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. Please be aware that you will not be able to participate with your team until you complete this process.

TWO REQUIRED FORMS:

1. You must complete both the Health History Form and the Sports Clearance Form IN FULL. Keep a copy for your records.

2. Your health care provider must provide the following:
   - For the Health History Form:
     - Verification of immunizations.
     - Completion of Part 3 in its entirety, documenting physical exam conducted after March 1, 2015; must include visual acuity and vital signs. We will not accept substitute office notes or other exam forms.
     - Cross country and mid/long distance runners: We recommend a baseline CBC and ferritin level be obtained and results attached to your form.
     - 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 F, 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) 110 Ho Plaza Ithaca, NY 14853-3101 Phone: 607.255.5155 Fax: 607.255.0269
   - If you do not provide documentation of the physical exam for the Health History Form, you will have to get an exam 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 physical exam, consultation, 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 17 for fall first-year entrants; August 1 for fall transfer students, and December 19 for spring 2015 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: http://www.gannett.cornell.edu/services/medicalsports/clearance.cfm
ImPACT CONCUSSION BASELINE TEST: Complete before coming to campus.

The following athletes must complete ImPACT: Baseball, Basketball, Divers, Equestrian, Field Hockey, Sprint and Varsity Football, Gymnastics, Ice Hockey, Lacrosse, Polo, Pole Vaulters, Sailing (Women’s), Softball, Soccer, Volleyball, Wrestling

This is 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. Review the attached instructions now to complete it on time.

NEXT STEPS

1. **Check myGannett**

   After you complete the requirements above, the Gannett Sports Medicine Team will begin the medical review process. If we require further information or action from you, we will contact you via myGannett.

   This secure web portal is designed to facilitate confidential and timely communication between Gannett and those who use our services. You can get to it from any page on the Gannett Health Services website: www.gannett.cornell.edu. The portal is available for your use 24/7. When you receive an email directing you to go to myGannett, go right away to read your secure message. You will be asked to enter your Cornell ID and date of birth to log into your secure account.

2. **Check your Athletic Compliance and Eligibility profile**

   Your team will be scheduled at a specific time for Sports Clearance at Gannett. A few days prior to your team’s assigned clearance date, please check your Athletic Compliance and Eligibility profile. If you are pre-cleared, you do not have to report to Gannett on the day of your team's Sports Clearance. If you are not pre-cleared, you must report to Gannett with other members of your team.

3. **Contact us if you have any questions or concerns**

   If you need more information or have any concerns about your health and well-being, please do not hesitate to talk with your coach or contact the Sports Medicine team (visit www.gannett.cornell.edu and search “Sports Medicine Team”).

The Sports Clearance Process is required for students planning to participate in one or more INTERCOLLEGIATE / NCAA SPORTS TEAMS:

- Baseball
- Basketball
- Cross Country
- Equestrian
- Fencing
- Field Hockey
- Football (Sprint)
- Football (Varsity)
- Golf
- Gymnastics
- Ice Hockey
- Polo
- Rowing
- Sailing (Women’s)
- Softball
- Soccer
- Squash
- Swimming/Diving
- Tennis
- Track
- Volleyball
- Wrestling

CLUB SPORTS PARTICIPANTS do not participate in the sports clearance process.
# 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** ____________________________

**INSTRUCTIONS:** You must complete this form IN FULL, answering all questions and explaining any abnormalities.

## A. INJURIES

*Check and explain in the space provided below.*

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

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

**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.*

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
</table>

## 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? | ☐ | ☐ |

**EXPLAIN ALL “YES” ANSWERS IN THE SPACE PROVIDED ON NEXT PAGE.**
EXPLAIN ALL “YES” ANSWERS IN THE SPACE PROVIDED BELOW.

D. SIGNIFICANT HEALTH ISSUES

Has a doctor ever denied or restricted your participation in sports for any reason? □ □
Have you ever been hospitalized overnight for reasons other than surgery? □ □
Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? □ □

E. GENERAL MEDICAL ISSUES

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. Have you had any rash or hives develop during or after exercise? □ □
4. Do you cough, wheeze, or have breathing difficulty during or after exercise? □ □
5. Do you have asthma? □ □
6. Have you ever used an inhaler, or taken asthma medicine? □ □
7. Is there anyone in your family who has asthma? □ □
8. Do you have any current skin problems (e.g. athlete’s foot, ringworm, impetigo)? □ □
9. Do you have any allergies to food or insect stings? □ □
10. Do you have any severe allergies to food or insect stings? □ □
11. Have you had infectious mononucleosis (mono) within the past month? □ □
12. When exercising in the heat, do you have severe muscle cramps or become ill? □ □
13. Have you ever had a detached retina or any severe eye trauma? □ □
14. Is your vision in either eye worse than 20/40 even with correction (contacts or glasses)? □ □
15. Have you ever had a herpes skin infection? □ □
16. Have you ever had an inhaler, or taken asthma medicine? □ □
17. Do you feel significantly stressed or depressed? □ □
18. Has anyone recommended you change your weight or eating habits? □ □
19. Do you have a history of anorexia or bulimia? □ □
20. Do you have any other ongoing medical problems for which you are being treated (e.g. anemia, asthma, diabetes, thyroid disorder, etc.)? □ □

F. CARDIOLOGY SCREENING

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. Have you ever had a heart murmur? □ □
4. Have you ever had high blood pressure? □ □
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? □ □

G. WOMEN’S HEALTH (Females only.)

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 many menstrual periods have you had in the past 12 months? □ □
4. What was the longest time between periods in the past 12 months? □ □
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  Attn: Sports Medicine  Fax: 607.255.7786
  110 Ho Plaza  Ithaca, NY 14853-3101  Phone: 607.255.5156

- 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 verify by my signature below that all information is current and accurate.

Student name (please print) ___________________________ 

Student signature ___________________________ Date __________
J. STUDENT ATHLETE AUTHORIZATION FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

Background information

The Health Insurance Portability and Accountability Act of 1996, requires that we guard the privacy of your protected health information. You have a right to confidential treatment of all information and records pertaining to your care. If you sustain an injury or have a condition or illness that might be affected by or interfere with your participation in intercollegiate athletics at Cornell University, it is important to understand that we may need to discuss your injury, condition or illness with your coaches, parents, and/or other people involved in your care.

Authorization

- I hereby authorize the certified athletic training staff, team physicians, and Gannett Health Service providers to disclose my personal health information for the following purposes:
  1. To discuss my injury/illness and treatments in relation to athletic participation with coaching staff, athletic training staff and other athletic staff so that they may make decisions regarding my ability to compete in athletics.
  2. To discuss my injury/illness and treatments in relation to athletic participation with my parent(s) and/or guardian(s) provided, however, at any time I am able to revoke this part of the authorization by providing written notices to the athletic trainer providing my care and Gannett Health Services Health Information Manager.
  3. To discuss my injury/illness and treatments with community specialists to whom I may be referred for further evaluation.
  4. In certain circumstances, to advise the media sideline reporters asking for injury updates; however, at any time I am able to revoke this part of the authorization by providing written notices to the athletic trainer providing my care and to the team coach.

- I understand that this authorization will expire upon exhaustion of athletic eligibility under NCAA rules.

- To protect my privacy, I understand that only the minimum amount of health information necessary will be released.

- I understand that refusing to sign this authorization or revoking this authorization (with the exception of the limited revocation referred to in #2 and #4 above) means my clearance to participate in my sport(s) may be withdrawn.

- I understand that my provider may not refuse to treat me if I refuse to sign this authorization.

- I understand that certain entities that receive health information may not be considered health care providers or health plans covered by federal privacy regulation, and that the information disclosed to such an entity may no longer be protected by the federal privacy regulation.

By signing this form I agree and understand the terms of this student athlete authorization.

Student name (please print) ____________________________________________

Student signature __________________________________________ Date ____________________________
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?
The following athletes must complete ImPACT: Baseball, Basketball, Divers, Equestrian, Field Hockey, Sprint and Varsity Football, Gymnastics, Ice Hockey, Lacrosse, Polo, Pole Vaulters, Sailing (Women’s), Softball, Soccer, Volleyball, Wrestling.

2. When should I take the test?
   - The ImPact Test must be completed prior to your sports clearance at Gannett Health Services.
   - We recommend that you do it as soon as possible.

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. Most students who take the test without an external mouse score poorly on reaction time and have to repeat the test.
   - **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 acceptable results, give this test your full attention. Go to a quiet place where you will be uninterrupted. 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. Select “New York” when prompted to enter your organization. Then, click on “Launch Baseline Test.” You will be prompted to enter your “Customer ID Code.”
     Enter: C913B27570.
   - **Identification:** Use your given name (no nicknames).
   - **Initial questions:** You will be asked a series of background questions 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.** Be as quick and accurate as possible, as the tests measure both memory and reaction time. This is a hard test. No one gets everything right, so don’t get frustrated. Your results will be reviewed and the test will be repeated if your results are not consistent. No one fails the test, but we strive to get a representative baseline for comparison should you have a head injury. If a third test is required, this will be done as a monitored test once you are on campus.

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 607.255.5155.