# CornellHealth

# 2024-25 Sports Clearance Process INSTRUCTIONS and FORM

## Your Sports Medicine team

Welcome student athletes participating in NCAA intercollegiate sports. The Sports Medicine team at Cornell Health specializes in sports clearance, sports injuries, and other injuries and illnesses that affect Cornell's intercollegiate athletes. We work closely with coaches, athletic trainers, nutritionists, and team orthopedists to help keep student athletes healthy and performing at their peak.

## The sports clearance process and deadlines

Cornell requires *every* athlete to receive a formal medical clearance each year. Follow these instructions thoroughly to complete your requirements by the deadline. You will not be able to participate with your team until you complete this process.

DEADLINES: Fall 2024 entrants: June 12 Spring 2025 entrants: December 20

Fall 2024 transfer students: July 25

#### Requirements

You must c	omplete:
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All of your <u>Health Requirements</u> <health.cornell.edu requirements="">: complete your Medical Clearance list at myCornellHealth</health.cornell.edu>
ImPACT Concussion Baseline Test (page 3): online test that you must do before coming to campus
Sports Clearance Form (pages 4-7): needs to be completed by both you and your health care provider

## Schedule an appointment with your health care provider

25-Hydroxy Vitamin D level be obtained and results attached to your form.

#### You must obtain:

1. Verification of immunizations and TB screening test, if required (unless you submit official school or military records)

#### 2. For the Physical Exam:

ш	Completed Cornell Health Physical Examination Form, documenting an exam conducted after March 1, 2024 for
	entrants (August 1, 2024 for spring entrants). We will not accept other physical exam forms.
	Must include visual acuity, vital signs, and a copy of actual lab test result for Sickle Cell Trait.
	Must include health care provider contact information and signature.
	Cross country and mid / long distance runners: we recommend a baseline CBC, ferritin, and

*PLEASE NOTE:* If you do not provide the completed and signed Physical Exam form, you will be required to have a physical at Cornell Health. If there are significant abnormalities on your physical exam or on this form that have not been addressed by your health care provider, further evaluation may be necessary.

#### 3. For the Sports Clearance Form:

Ш	Health care provider contact information, signature, and recommendation regarding your participation in intercollegiate
	sports. If you have seen a cardiologist, please include her/his recommendations regarding your participation in
	intercollegiate sports.
	Relevant chart (including surgery) notes and lab, Xray, CT, MRI, and DEXA scan reports.

☐ Cardiology screening documents. PLEASE NOTE: 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).

#### 4. For student athletes on medication for ADD/ADHD:

Documentation of ADD/ADHD diagnosis and treatment to allow for a medical exception from the NCAA ban on the use of
stimulants.

The <u>ADHD/ADD Medical Exception Form</u> must be completed by your health care provider. Download the form from <u>health.cornell.edu</u> [search: sports clearance].

## Submit all required materials

#### **Upload all documents through 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 Sickle Cell Trait lab report) and other supporting documentation.
	If you are required to submit the ADHD/ADD Medical Exception Form, use "Athlete: Doc. Upload."
Upl	loads: We accept the following file types: PDF, PNG, JPG, JPEG, GIF, PDF (no larger than 4 MB).  If any document is more than one page, please upload as a single, multi-page attachment.

## 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.

## Next steps

#### 1. Check myCornellHealth.

After you complete all of your requirements, the Sports Medicine Team will begin the medical review process. If we require further information or action from you, we will contact you via your new Cornell email address and direct you to myCornellHealth. If you hear from us, please read your secure message promptly.

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

Your team will be scheduled at a specific time for Sports Clearance at Cornell Health. 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 Cornell Health on the day of your team's Sports Clearance. If you are not pre-cleared, you must report to Cornell Health with other members of your team.

#### 3. Once on campus, you will meet with an athletic trainer to complete the SCAT 6 Neuropsych exam.

This meeting will be scheduled after you arrive at Cornell and is a required part of the medical clearance process.

#### 4. 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 talk with your athletic trainer or contact the Sports Medicine team at 607.255.5156 [search "Sports Medicine" at health.cornell.edu].

# Who should participate in the Sports Clearance Process

CLUB SPORTS PARTICIPANTS do <u>not</u> participate in the sports clearance process.

The Sports Clearance Process is required for students who will be participating in INTERCOLLEGIATE / NCAA SPORTS TEAMS:

WOMEN'S SPORTS		MEN'S SPORTS	
Basketball	Rowing	Baseball	Rowing - Heavyweight
Cross Country	Sailing	Basketball	Rowing - Lightweight
Equestrian	Soccer	Cross Country	Soccer
Fencing	Softball	Football	Sprint Football
Field Hockey	Squash	Golf	Squash
Gymnastics	Swimming & Diving	Ice Hockey	Swimming & Diving
Ice Hockey	Tennis	Lacrosse	Tennis
Lacrosse	Track & Field	Polo	Track & Field
Polo	Volleyball		Wrestling

# CornellHealth

# 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. When should I take the test?

- All entering intercollegiate athletes must complete the ImPACT test prior to your sports clearance at Cornell Health.
- We recommend that you do it as soon as possible.

#### 2. What are the technical requirements for taking the test?

You will take the test using your own computer. Please make sure you have a good internet connection, and a private and quiet location to take the test.

#### 3. How do I get started?

- **Preparation**: To ensure the most accurate results, give this test your full attention. Turn off cell phones, music, and TV, and eliminate other background noises and distractions. Take the test when you are well-rested. Attempting to take the test when you are tired or distracted may interfere with the results. Please be sure to choose the correct mouse type (external mouse or laptop touchpad).
- Log on: Go to impacttestonline.com/colleges:
  - Select "New York" when prompted to enter your organization
  - Click on "Launch Baseline Test"
  - o Customer ID Code: Enter: C913B27570
- Identification: Use your given name (no nicknames).
- **Initial questions**: You will be directed to a series of 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.

#### 4. How long will the test take?

The test takes 25-30 minutes for most students, although the system allows users up to 45 minutes for completion.

#### 5. What do I do after I complete the test?

You do not need to do anything further. If you have questions regarding the test or if you were unable to complete the test, please notify your coach or athletic trainer; or you may call Cornell Health Sports Medicine at 607.255.5156.

# CornellHealth

# **Sports Clearance Form**

Toda	y's date	Student name	Student name				
Sport(s)		Cornell net ID	Cornell net ID				
Addr	ress	Date of birth	Date of birth				
E-mail address							
	Personal physician Ceil phone Ceil phone /						
INST	<b>RUCTIONS</b> : You must complete this form IN FULL, answering	all questions and explaining any abnorm	nalities.				
	NJURIES Check and explain in the space provided below.  List X-rays, MRI's, CT's, injections, rehabilitation, physical t  If injury was within the last 2 years, please provide cha	art notes and radiology reports.	<u>INJURY</u> None Old Cur	<u>APPROX</u> rent	<u>DATE</u>		
	Shoulder/Elbow (e.g., dislocation, rotator cuff, AC separation and (Maint (New 147)) and (Figure 147).			<u> </u>			
2	2. Arm/Wrist/Hand/Finger (e.g., fractures)		_				
о 4	Neck (e.g., burners, pinched nerve)     Ribs/Abdomen		_				
5	5. Low back pain (e.g., herniated disc)						
	5. Leg/Hip (e.g., quadriceps, hamstring strain)						
7	7. Knee (e.g., ligament, meniscus, patella)			□ <u> </u>			
8	B. Lower leg (e.g., shin splints, calf strain)		🗆 🗆	□			
	Ankle/Calf/Foot/Toe (e.g., sprain, Achilles)			<u> </u>			
10	O. Stress Fractures		🗆 🗆				
E	xplain:						
B. S	SURGERIES List all surgeries and approximate dates.  # If surgery was in the past year, provide a summary, cop	pies of surgical notes, and notes that clea	ared you to return to yo	our sport.			
	* If surgery was in the past year, provide a summary, cop	-	Date	our sport.			
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# EXPLAIN ALL "YES" ANSWERS IN SECTION I ON PAGE 3.

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)? If yes, when (mm/yyyy)?  13. When exercising in the heat, do you have sever muscle cramps or become III?  14. Do you use any special protective or corrective equipment or devices that aren't usually used for y (e.g., knee brace, special neck roll, foot orthotics, retainer on your teeth, goggles, face shield, or he 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 have a history of bleeding disorders such as hemophilia, Von Willebrand disease or other for the yes, provide documentation.  18. Have you ever been diagnosed with ADD/ADHD?  19. If yes, are you taking any medications? (list)  19. Do you have any current mental health concerns (e.g., depression, anxiety, stress, insomnia)? If yes, please describe.  19. Are you currently being treated for any mental health concerns or have a history of treatment for if yes, please describe.  20. Are you taking medication for these concerns? (list)  21. Have you had any medical or mental health problem(s) that kept you from participating in your spif yes, please describe.  22. Do you have any other ongoing health problems for which you are being treated (e.g. anemia, astr issues, thyroid disorder, etc.)? If yes, please upon the ongoing health problems for which you are being treated (e.g. anemia, astr issues, thyroid disorder, etc.)? If yes, please upon the are treated for have had CoVID-19, do you e			
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<ol><li>Have you ever been told you have low bone density (osteopenia or osteoporosis)?</li></ol>			
		Va-	B1 =
WOMEN'S HEALTH (Students assigned female at birth)  1. House year had a reportive learned?		Yes	No
Have you ever had a menstrual period?  I have all wars you when you had your first monetrual period?			Ш
2. How old were you when you had your first menstrual period?  2. Do you get your monstrual period regularly?			
Do you get your menstrual period regularly?    Compared to the data of your last menstrual period?			Ш
a. If yes, what was the date of your last menstrual period?      b. If no. is it due to taking birth control?			
<ul><li>b. If no, is it due to taking birth control?</li><li>4. Are you presently taking any female hormones (estrogen, progesterone, birth control)?</li></ul>			

Student N	ame (please print)			
I. PROVI	DE AN EXPLANATION HERE F	OR ALL "YES" ANSWERS (in sections C	through H).	
LENIT	H CARE PROVIDER INFORMA	TION AND SIGNATURE		
	s section must be completed by			
<ul><li>Hea</li></ul>	Ith care provider contact inform	ation and signature is required for complet		
■ Plea	ase be aware that final sports cle	earance decision will be made by the Chief o	of Sports Medicine at Cornell Hea	alth.
Provide	er Name		Work Phone	
Address	S	Street		
	6"		7. 0.16.1	
	City	State	Zip or Postal Code	Country
	eviewed this Sports Clearance I			
		pe cleared for full participation in intercolle		
	recommend that the patient i	pe cleared for participation in intercollegiate	e sports with the following limita	ations:
Ш	I do not recommend this patie	nt be cleared for participation in intercolleg	late sports due to the following:	
	-			
Provide	er Signature		Date	
K. STUDE	NT ATHLETE AGREEMENT AN	ND SIGNATURE		
■ lun	derstand that failure to have all	appropriate health records sent to Cornell	Health will result in a delay of m	y sports clearance.
■ lun	derstand that I must refrain from	n practice or play during medical treatment cian to resume participation despite continu	t until I am discharged from trea	
		cal examination does not necessarily mean in indicate in the indication at the indication at the indication at the indication in the indication at the indic		engage in athletics,
■ I un	derstand that even a normal his	tory and examination does not preclude the	e existence of potentially life-thr	eatening health problems.
Lverify	by my signature my underst	anding of these items, and that the info	ormation I have provided is co	urrent and accurate.

\_\_\_\_\_\_ Date \_\_\_\_\_

Student signature \_

Student Name (please print)
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#### L. 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 Cornell Health 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 the health records manager at Cornell Health.
  - 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.
  - 5. To discuss my injury/illness and treatments with Cornell University's Crisis Management staff should I experience a crisis (immediate threat to life, health, property, or environment), OR if a crisis manager has been assigned to support, work, and follow up with me.
  - 6. I allow athletic training staff, team physicians, and Sports Medicine staff to utilize text messaging and/or email to communicate with me, or about me with others involved in my care or treatment. I understand that only the minimum necessary information will be shared. I further understand and have been warned that text messaging and/or email is not secure and that the risk of unauthorized disclosure exists. I understand that I am able to revoke this part of the authorization by providing written notices to the athletic trainer providing my care and to Cornell Health's Privacy Officer.
- 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, #4, and #6 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.

I verify by my signature that I understand and agree with the	ne terms of this student athlete authorization.
Student signature	Date