Medical Clearance Form for Incoming Students

To be completed by the doctor and the student.

Deadline: June 30

This form is required and must be completed by the doctor/clinician and the student. Scan the completed form and upload to MyUHS, a secure student health portal. (www.princeton.edu/myuhs)

Student’s Full Name
First (Given) Name  MI  Last (Family) Name
Date of Birth
Month / Day / Year

Physical Exam (A doctor’s or clinician’s signature is required)

A physical exam within the past year is required for all incoming undergraduate students. A clinician must complete this section. Please check one:

☐ Physical exam performed; no medical concerns. The student can participate in recreational, intramural and intercollegiate sports (including contact sports).

☐ Physical exam performed; medical concerns identified. (Letter of explanation/description required and attached.)

Clinician Signature
Date

Student Signature (Required)

I am aware of the information provided by my doctor/clinician completing this form regarding medical concerns and participation in sports.

Student Signature
Date

Upload this completed page to www.princeton.edu/MyUHS.