



Princeton
University
Health
Services

Medical Clearance Form for Incoming Students

*To be completed by the doctor/
clinician and the student.*

University Health Services
McCosh Health Center
Washington Road
Princeton, NJ 08544-1004
Questions? (609) 258-3141

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 Date of Birth
First (Given) Name MI Last (Family) Name 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.