



MEDICAL DOCUMENTATION FORM
(must be completed by a physician)

Institution: _____

Name of Student-Athlete: _____

Sport: _____

Date of the injury or illness:

Diagnosis of the injury or illness:

Dates that the physician met with and/or treated the student-athlete:

Practice restrictions (if any) that were imposed on the student-athlete as a result of the injury or illness:

a. Beginning date of restriction:

b. Ending date of restriction:

Specific date student-athlete was medically cleared for competition:

Please attach the doctor's and athletic trainer's summary of the student-athletes rehabilitation history in conjunction with this injury or illness. The doctor's summary **MUST** include a statement that the injury resulted in the student-athletes incapacity to compete for the remainder of the traditional season.

Please attach a business card for your practice to this form.

Signature of Physician: _____

Date: _____

Signature of AD or SWA: _____

Date: _____