

Return to:  
Jamestown College  
6053 college Lane  
Jamestown ND. 58405

Date: \_\_\_\_\_

### Physician's Report

Athlete's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB : \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Sport: \_\_\_\_\_

Date of Injury : \_\_\_\_\_

Injury: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prescription: \_\_\_\_\_

Treatment : \_\_\_\_\_

Rehabilitation Exercises: \_\_\_\_\_

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Able to participate immediately ? Yes or No

Recommended time away from athletic activity : \_\_\_\_\_

Must schedule another visit : Yes or No \_\_\_\_\_

Physician's Signature:

\_\_\_\_\_