

1766



## Rutgers Preparatory School

### **Physician Injury Evaluation Form**

Rutgers Preparatory School Athletic Training  
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***This form is to be completed by the physician and returned to the Athletic Training Office.***

Date \_\_\_\_\_

\_\_\_\_\_ was seen in my office today.

Athlete's Name

**Diagnosis** \_\_\_\_\_

1 \_\_\_\_\_ May not participate in Physical Education/Sports. \_\_\_\_\_

2 \_\_\_\_\_ May return to unrestricted Physical Education/Sports on \_\_\_\_\_.

3 \_\_\_\_\_ May return to restricted Physical Education/Sports on \_\_\_\_\_.

**Restrictions** \_\_\_\_\_

**Treatment by Certified Athletic Trainer** \_\_\_\_\_

**Comments** \_\_\_\_\_

Physician Signature/Address/Phone (**Please sign & stamp**)