



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**)