Bowling Green State University
Department of Intercollegiate Athletics

Physicians Examination Report

Name: _____ Sport: _____

Date of Injury: _____ Examination Date: _____

Body Part: _____

Complaint: _____

Physicians Testing Procedures & Evaluation:

Physician Diagnosis: _____

Suggested Therapy: _____

Special Tests: _____

X-Ray: YES NO

Follow-up:

____ Must see me/another physician prior to returning to practice and or competition.

____ May be checked by a Certified Athletic Trainer in lieu of visit to a physician.

____ May return to practice and/or competition upon successful completion of treatment/rehabilitation program listed above.

____ May return to practice and/or competition immediately with the following restrictions:_____

Examining Physician: _____

Certified Athletic Trainer: _____

Athletic Training Student: _____