

P.R.F.S.F. TEAM
INJURY / ILLNESS REPORT

Instructions: Complete this form and fax it to Puerto Rican Figure Skating Federation within 24 hours of injury or illness, or if you are scheduled for any type of surgery. **(Please print in black ink or type)**

Name of Athlete _____

Please check: ___ Injury ___ Illness Date occurred: _____

 ___ Surgery scheduled on Date: _____

1. Describe nature of injury/illness, or reason for surgery _____

2. What was the physician and/or therapist's diagnosis? _____

3. What was the physician and/or therapist's prognosis? _____

4. Was physical therapy / rehabilitation prescribed? ___ Yes ___ No

 If yes, please describe: _____

5. In your opinion, is the therapy or rehabilitation appropriate for treatment of your injury?

Please explain: _____

6. Do you need assistance in obtaining treatment for your injury or illness? Yes No

7. Use this space to make any comments or ask any specific questions relating to your injury/illness:_____

Athlete Signature_____ Date_____

Athlete Day Phone_____ Athlete Evening Phone_____

Primary Coach Signature_____ Date_____

Please fax this form to Lynette Spano @ 703.739.6601