



The Comeback Athlete of the Year College Scholarship

Physician Recommendation Form

This form must be filled out by the attending physician. If applicable, the physical therapist and/or athletic trainer can also fill out this form. Additional documentation of the athlete's injury and recovery is not required.

Athlete's Name:

School Name:

Date of Original Injury:

Date of Surgery (if applicable):

Diagnosis:

Start Date of Rehabilitation:

Physician/ATC/PT Name:

Date of Discharge to Full Practice/Competition:

Rate from 1 (lowest) to 10 (highest) the athlete's ability to deal with:

_____ 1) The initial shock of the injury.

Comments:

_____ 2) The rigors of returning to practice after rehab.

Comments:

_____ 3) Setbacks during rehab and/or return to practice.

Comments:

_____ 4) Compliance throughout each phase of rehab.

Comments:

_____ 5) The final phases of rehab and the return to full activity.

Comments:

Describe any post-rehab problems and their resolution:

Other comments:

Name (please print):

Signature:

Title:

Place of employment:

Date:

Office phone: