

ATHLETE INJURY/DIAGNOSIS/PROGNOSIS

(To be completed by Applicant's Attending Physician)

Remit to: Petersen International Underwriters
23929 Valencia Boulevard, Suite 215, Valencia, CA 91355
(800) 345-8816 (661) 254-0006 Fax (661) 254-0604

NAME: _____

DOB: _____

RE: INJURY/ILLNESS/ _____

- A. DATE OF INJURY/CONDITION _____
- B. DIAGNOSIS OF INJURY/CONDITION _____
- C. RESULTS OF X-RAYS; MRI'S AND/OR C-T SCANS (LIST TESTS, DATES AND RESULTS) _____
- D. IF BACK / SPINE INVOLVED, ANY SUSPICION OF DISC BULGE, HERNIATION OR DISEASE?
 YES NO
- E. HOW MUCH PLAYING TIME MISSED EACH INJURY/CONDITION? _____
- F. TREATMENT(S) OR SURGERY(S) _____
- G. MEDICATION AT TIME OF INJURY/CONDITION _____
- H. MEDICATION CURRENT _____
- I. CURRENT PROGNOSIS _____
- J. IS THIS TYPE OF INJURY/CONDITION LIKELY TO RE-OCCUR IN THE FUTURE?
 YES NO
- K. IF YES, IF BY ITS NATURE IS IT LIKELY TO RESULT IN A CAREER ENDING
DISABLEMENT? _____
- L. IS INJURY/ILLNESS/ CONDITION 100% RESOLVED? YES NO
- M. IS THERE HARDWARE REMAINING SINCE INJURY? YES NO
- N. ANY PROTECTIVE EQUIP. USED FOR THIS INJURY / CONDITION? YES NO
IF YES, WHAT EQUIPMENT? _____
- O. HAVE RESTRICTIONS BEEN PLACED ON THE INDIVIDUAL? Yes No
- P. APPROXIMATE NUMBER OF CONSECUTIVE GAMES / MATCHES / RACES (ETC.) PLAYED IN
SINCE THE ABOVE INJURY / ILLNESS? _____

DATE

ATTENDING PHYSICIAN'S SIGNATURE

ATTENDING PHYSICIAN'S ADDRESS: _____

Phone _____ Fax _____