



U.S. TEAM  
INJURY / ILLNESS REPORT

Instructions: Complete this form and fax it to U.S. Figure Skating 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 Julie Schmitz @ 719.635.9548