

AUDUBON HIGH SCHOOL MEDICAL INFORMATION FORM

350 Edgewood Avenue, Audubon, New Jersey 08106

(856) 547-7695 / (856) 522-0162 fax



Scott LaPayover, ATC (ext. 4131)
Athletic Trainer

Jackie Castaldi, RN, BSN (ext. 4165)
School Nurse

Student _____ Grade _____ Date _____

Complaint: _____

Physician's Report

Diagnosis: _____

INTERSCHOLASTIC ATHLETICS:

____ No Restrictions
____ Complete Rest From _____ To _____
____ No Contact Activities From _____ To _____
____ Other _____

Treatment / Rehabilitation (to be administered by the school's athletic trainer):

____ **To Be Determined By the School's Athletic Trainer**
____ Ultrasound ____ Electric Stimulation
____ Stationary Bike ____ Upper Body Ergometer
____ Range of Motion/Flexibility Exercises
____ Strength Exercises
____ Stationary Bike
____ Ice
____ Jogging
____ Elliptical
____ Other _____
____ Moist Heat
____ Stepper
____ Taping

PHYSICAL EDUCATION CLASS:

____ No Restrictions
____ No Contact Activities From _____ To _____
____ Complete Rest From _____ To _____
____ Walking Only
____ Stationary Bike
____ May Lift Weights:
 upper / lower / non-affected
____ Jogging
____ Elliptical XTrainer

THIS FORM SHOULD BE COMPLETED BY THE ATTENDING PHYSICIAN FOLLOWING EACH VISIT AND THEN RETURNED TO SCHOOL BY THE STUDENT, IMMEDIATELY AFTER THE APPOINTMENT.

Physician's Name (Please Print) _____ Phone _____

Physician's Signature _____ Date _____

Next Appointment is _____ OR IS PRN (CIRCLE).