

WHEELCHAIR TENNIS INJURY/MEDICAL REPORTING FORM

This form is to be filled out by the Medical Practitioner supervising/treating the injury/illness being reported. The information below is for the sole use of the National Team Medical staff and will not be distributed, in any fashion, in whole or in part, outside of the team. The purpose is to ensure the well being of the player/athlete while they are in the National Team Program.

Name: _____ **Date:** _____

Part A

Physiotherapy/Athletic Therapy

Please be advised that the above is currently being treated for the following injuries:

1. _____

2. _____

For each of these injuries, the following treatments are being utilized:

1. _____

2. _____

Part B

Medication

Please be advised that the above player is currently under medical treatment for:

1. _____

The following medications and/or health supplements are being prescribed for these ailments:

1. _____

2. _____

Doctor/Therapist _____ **Telephone** _____

