

SAMPLE TREATMENT RECORD

CHAMPIONSHIP AND LOCATION: _____

Date: _____

ATHLETE'S NAME: _____

NATIONALITY: _____

HISTORY: _____

MEDICATION athlete is currently taking: _____

ALLERGIES: _____

HISTORY: _____

PHYSICAL EXAM: _____



DIAGNOSIS:

TREATMENT:

XRAY or other tests:

Physician's Name: _____

Signature: _____