

# ATHLETE INJURY/DIAGNOSIS/PROGNOSIS

(To be completed by Applicant's Attending Physician)

Remit to: Petersen International Underwriters  
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NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

RE: INJURY/ILLNESS/CONDITION: \_\_\_\_\_

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 RECUR 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 (SCREWS, PLATES, PINS, RODS) PRESENT?  YES  NO

N. ANY PROTECTIVE EQUIPMENT 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 / CONDITION? \_\_\_\_\_

DATE \_\_\_\_\_

ATTENDING PHYSICIAN'S SIGNATURE \_\_\_\_\_

## ATTENDING PHYSICIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_