

**CJW Medical Center**  
**The Comeback Athlete of the Year College Scholarship**  
Physician Recommendation Form

**This form must be filled out by the attending physician.** If applicable, the physical therapist and/or athletic trainer can also fill out this form. Additional documentation of the athlete's injury and recovery is not required.

Athlete's Name: \_\_\_\_\_

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

Date of Original Injury: \_\_\_\_\_ Date of Surgery (if applicable): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date of Rehabilitation: \_\_\_\_\_ Physician/ATC/PT Name: \_\_\_\_\_

Date of Discharge to Full Practice/Competition: \_\_\_\_\_

Rate from 1 (lowest) to 10 (highest) the athlete's ability to deal with:

\_\_\_\_\_ 1) The initial shock of the injury.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 2) The rigors of returning to practice after rehab.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 3) Setbacks during rehab and/or the return to practice.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 4) Compliance throughout each phase of rehab.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 5) The final phases of rehab and the return to full activity.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

