

AUDUBON HIGH SCHOOL MEDICAL INFORMATION FORM  
350 Edgewood Avenue, Audubon, New Jersey 08106  
(856) 547-7695 / (856) 522-0162 fax



Liam Korbul , MS, LAT, ATC (ext. 4131)  
Athletic Trainer

Sara Barry, RN, BSN, CSN (ext. 4165)  
School Nurse

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Complaint: \_\_\_\_\_

Physician's Report

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

INTERSCHOLASTIC ATHLETICS:

\_\_\_\_ No Restrictions \_\_\_\_\_ No Contact Activities From \_\_\_\_ To \_\_\_\_  
\_\_\_\_ Complete Rest 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 \_\_\_\_\_ Ice \_\_\_\_\_ Moist Heat  
\_\_\_\_ Stationary Bike \_\_\_\_\_ Upper Body Ergometer \_\_\_\_\_ Jogging \_\_\_\_\_ Stepper  
\_\_\_\_ Range of Motion/Flexibility Exercises \_\_\_\_\_ Elliptical \_\_\_\_\_ Taping  
\_\_\_\_ Strength Exercises \_\_\_\_\_ Stationary Bike \_\_\_\_\_ Other \_\_\_\_\_

PHYSICAL EDUCATION CLASS:

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

**THIS FORM SHOULD BE COMPLETED BY THE ATTENDING PHYSICIAN FOLLOWING EACH VISIT AN 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)