

Total terms (semesters/quarters) of collegiate attendance, including current term. _____

Athletic Director

Head Coach

Date

Date

**To be completed in full by the attending physician (must be an M.D. or D.O.)
AND submit contemporaneous medical documentation on physician's letterhead.**

Please **initial** appropriate blanks. Do not use check marks.

1. Was the athlete under medical care prior to the injury or illness that initiated the hardship request?
 _____ Yes _____ No

 If yes, was the athlete medically released for participation prior to the injury/illness that initiated the hardship request?
 _____ Yes _____ No
2. Was the injury/illness of such a nature to incapacitate the student from competing during the remainder of the sport season in question?

 _____ Yes _____ No
3. On what date did you examine the athlete after the injury or illness AND recommend no further competition for the remainder of the season?

4. When, in your judgment, will the athlete be medically fit to return to competitive athletics?

Physician's signature

Physician's printed name

Address (street, city, state, and zip code)

Submit completed form to: Your MIAA Faculty Athletics Representative.

_____ The above request is GRANTED.

_____ The above request does not meet the criteria established by the membership. The request is DENIED.

Date

Conference Representative