SAMPLE TREATMENT RECORD

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| CHAMPIONSHIP AND LOCATION: |  | |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | |
| ATHLETE’s NAME: |  | |
| NATIONALITY: |  | |
|  |  | |
| HISTORY: |  | |
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| MEDICATION athlete is currently taking: |  | |
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| ALLERGIES: |  | |
|  |  | |
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| HISTORY: |  | |
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| PHYSICAL EXAM: |  | |
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| DIAGNOSIS: |  | |
|  |  | |
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| TREATMENT: |  | |
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|  |  | |
|  |  | |
| XRAY or other tests: |  | |
|  |  | |

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_