



Date: _____

Athlete: _____

To Whom It May Concern:

The above stated athlete was a participant at the FISU Games in _____, from _____ to _____. During a game/practice on _____, there was an injury to _____.

Athlete injury/illness:

Treatment consisted of:

It is recommended:

Should you have any further questions please do not hesitate to contact U SPORTS.

Sincerely,

FISU Games Physician: _____

FISU Games Therapist: _____

