



**Princeton University Athletic Medicine
Request for Off-Campus Care**

This form should be completed by the student athlete **requesting off-campus care during the summer and/or break periods, if the cost for these services will be submitted to the Athletic Activities Fund (AAF)**. This fund can only be used if the injury or illness is sport-related, and originally evaluated by PU Athletic Medicine staff. For more information about the AAF, please visit <http://uhs.princeton.edu/medical-services/athletic-medicine/specialty-referrals-payment-assistance>

STUDENT ATHLETE INFORMATION

Name: _____ Date: _____
DOB: _____ Sport: _____
Phone: _____ Email: _____

Nature of injury or illness: _____

Has this injury or illness been evaluated by PU Athletic Medicine Staff? No Yes
If yes, date of evaluation and evaluator _____

Outside services requested:
 Physician Evaluation Surgery Rehabilitation (ATC/PT) Other (explain)

Outside provider name and or facility: _____
(Include address, phone #, fax #) _____

Please mail this form to the Director of Athletic Medicine / Head Athletic Trainer, Princeton, NJ, 08544 or FAX to (609) 258-7045. Call (609) 258-3527 or 258-3141 for more information.

It is the responsibility of the student athlete to ensure that authorization has been given prior to obtaining non-emergent services. Student athletes are responsible for ensuring that the outside provider and/or facility sends copies of medical reports and records to the Athletic Medicine staff (same address as above).

ATHLETIC MEDICINE STAFF USE ONLY

Number of visits authorized: _____
Frequency: 1 x wk 2 x wk
 3 x wk other _____
Duration: 1 – 2 wks 2 – 4 wks
 4 – 6 wks other _____

Authorized by: _____ MD/ATC Date: _____