



**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: \_\_\_\_\_

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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).**

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**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: \_\_\_\_\_