



22 - Performance Prognosis Form

This form is intended to let the physician or licensed caregiver inform the faculty and staff of the Jaguar Marching Band as to the ability of the student to march, play, and participate in band activities. This form must be accompanied by, and does not take the place of, a doctor's note. A downloadable PDF of this form is online at www.jaguarmarchingband.org

STUDENT FIRST AND LAST NAME:

DESCRIPTION OF ILLNESS OR INJURY

Doctor or licensed caregiver should sign here if the illness or injury description is to be kept confidential.

PHYSICIAN OR CARE-GIVER'S SIGNATURE:

X _____

PROGNOSIS

Doctor or licensed caregiver should check the item or items which best apply to the student's physical capabilities.

This student can/should:

- march
- march for limited intervals of time
- stand in place
- stand in place for limited intervals of time
- sit down throughout rehearsals
- be limited to bed rest from classes
- other:

TIMELINE

The instructions checked above in "prognosis" should be followed until:

Date: _____

Physical conditions are observed:

PRINTED NAME OF DOCTOR OR CAREGIVER:

PRINTED NAME OF HOSPITAL OR CLINIC:

SIGNATURE OF DOCTOR OR LICENSED CAREGIVER:

X _____

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