



International Specialty Insurance, Inc.
110 Oakwood Dr, Ste 420
Winston Salem, NC 27103

Questions? Phone: 800-849-0474
Fax: 336-835-1729

EXCLUSION REVIEW FORM

Instructions: This form is to be completed by the Insured's Attending Physician

1. Proposed Insured Person:

2. What is the condition/exclusion under review?:

3. Date of initial accident/injury:

4. Diagnosis of injury/condition:

5. How much playing time was missed with respect to each injury/condition?:

6. Results and dates of relevant X-Rays, MRI's and/or CT scans:

7. If spinal column was involved, is there any suspicion of disc herniation or disease?:

8. What treatment was prescribed? (if surgery was performed, include copy of operative notes):

9. How many games has the Insured Person participated in since the accident/injury?:

10. What is the Insured Person's current condition?:

11. Is the Insured Person currently on any medication? (if yes, please provide details):

12. Does the Insured Person require any protective equipment since the injury? (i.e. knee brace):

13. What is the prognosis with respect to the Insured's ability to continue his/her career?:

14. Any other comments that may influence the Insurer's decision?:

Date: _____ Attending Physician's Signature: _____

Attending Physician's Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email Address: _____