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**WILLIAM J.  
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& CO. LTD.**



Lloyd's-London  
Correspondents  
Special Risk  
Underwriters

**EXCLUSION REVIEW FORM**

*To be completed by Insured Person's Attending Physician*

1. 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 C-T scans: \_\_\_\_\_  
\_\_\_\_\_
7. If spinal column 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 Insured Person's current condition? \_\_\_\_\_
11. Is the Insured Person currently on any medication? \_\_\_\_\_ (If yes, please provide details including dosage etc.) \_\_\_\_\_
12. Does the Insured Person require any protective equipment since the injury? (For example, knee brace) \_\_\_\_\_
13. What is the prognosis with respect to the Insured Person's ability to continue his career?  
\_\_\_\_\_
14. Any other comments that may influence the Insurer's decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Attending Physician's signature: \_\_\_\_\_

Attending Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

If you have any questions with respect to the completion of this form please contact us at 1-800-461-3292 or fax (416) 366-4608.