



ATTENDING PHYSICIAN'S STATEMENT

Patient Information			
Patient's Name:		Date of Birth:	
Address:	City:	State:	Zip:
Date:	Phone:		Email:

Your patient has submitted a medical appeal to the United States Tennis Association League. The USTA's National Medical Appeal process may grant an appeal only if a player has a **permanent**, disabling injury or illness that would impact the player's ability to play tennis at that player's current level of play.

The Medical Appeals Committee makes a concerted effort to gather accurate information in an effort to render a decision that will be fair to the player and to the player's opponents. To assist the Medical Appeals Committee in making a decision on your patient's appeal, the Committee requires an Attending Physician's Statement from you, the doctor treating this player's specific injury or illness.

Please answer the following questions on this form or provide your patient with the following information on your letterhead:

What is the patient's specific injury or illness?			
When did this injury occur or symptoms of this illness begin?			
Describe any surgery performed:		Date of surgery:	
Describe other treatments received and/or receiving:			
Short Term Prognosis?		Long Term Prognosis?	
What permanent limitations does the patient currently have? (Please be specific as to what the patient is unable to do)			
Do you expect the patient to have full recovery eventually?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated date of full recovery:	
Have you released the patient to play tennis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What date may the patient resume playing tennis?	

Physician Information	
Name of Practice:	
Physician's Name (PRINT):	Specialty:
Address:	
City:	State:
Phone:	Fax:
Physician's Signature:	Date: