



# ATTENDING PHYSICIAN'S STATEMENT

<b>Patient Information</b>			
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 <b>permanent</b> 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?

<b>Physician Information</b>	
Name of Practice:	
Physician's Name (PRINT):	Specialty:
Address:	
City:	State: Zip:
Phone:	Fax:
Physician's Signature:	Date: