



USTA Officials Vision Examination Form

All USTA officials are required to submit to the USTA a physician or optometrist's statement attesting that the official has 20/20 vision either corrected or uncorrected.

Name of person examined (Print)

USTA Number

Address (Print)

I hereby state that the data contained herein is a true and accurate record and personally attest to 20/20 vision, corrected or uncorrected.

I hereby give my consent that this information may be forwarded to the USTA Officials Department

Signature of Person Examined

Doctor's Signature

Doctor's Name Printed

Address

Telephone

Date of Examination

Please submit completed form:

Fax: 914-696-7008

Email: Scanned copy of documents can be emailed to officiating@usta.com with subject line "Vision Form"

Mail: c/o USTA Officials Department
70 W Red Oak Lane
White Plains, NY 10604