



# ATTENDING PHYSICIAN'S STATEMENT

<b>Patient Information</b>			
Patient's Name:		Date of Birth:	
Address:	City:	State:	Zip:
Date:	Phone:	Email:	

Dear Doctor,

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 or provide your patient with the following information on your letterhead:**

What is the patient's specific injury or illness? \_\_\_\_\_

When did this injury or illness begin? \_\_\_\_\_

What is the patient's prognosis:

Short Term? \_\_\_\_\_

Long Term? \_\_\_\_\_

What **permanent** limitations will the patient have? (Please be specific as to what the patient will not be able to do)

\_\_\_\_\_  
\_\_\_\_\_

Do you expect the patient to have full recovery eventually? Yes  No  Have you released the patient to play tennis? Yes  No

What date may the patient resume playing tennis? \_\_\_\_\_

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