



## NTRP Medical Appeal Checklist

This checklist must be completed by the State League Coordinator before sending the appeal to the Southern Medical Review Committee. If any item is missing, the appeal will be returned and will not be considered until all documentation is completed properly. If the SLC finds missing items, they must return the appeal to the appealing party with a list of the items that are missing.

Player Name:

1. ☐ A **formal written request** of appeal has been filed by the player. (This is in addition to the Medical Appeal Form)
2. ☐ A **current, completed and signed USTA League NTRP Medical Appeal Form is included.**
  - ☐ a. The player has a current NTRP rating (If not, the player may self-rate)
  - ☐ b. The player's permanently disabling illness or injury occurred after generating their most current NTRP Rating. (injury or illness must have occurred after the last match played that generated their rating. There are possible exceptions if an earlier illness or injury changes decidedly for the worse)
  - ☐ c. The player's permanently disabling illness or injury has changed decidedly for the worse since generating their most current NTRP Rating.
3. ☐ An **Attending Physician's Statement** is included. This must be from the Physician that is actually treating the patient.
  - ☐ a. \_\_\_\_\_ It is dated and current
  - ☐ b. \_\_\_\_\_ It is written on the Physician's letterhead or on the Attending Physician's State Form that is provided.
  - ☐ c. \_\_\_\_\_ It includes the date of onset of the player's illness or injury.
  - ☐ d. \_\_\_\_\_ It includes a diagnosis of the player's illness or injury
  - ☐ e. \_\_\_\_\_ It includes the extent of the illness or injury that specifically defines what the player can or cannot physically do. (i.e., cannot lift arm above head, cannot see out of left eye etc.)
  - ☐ f. \_\_\_\_\_ It includes the player's prognosis: (how long will the injury or illness last, what specific permanent limitations will the player have, will the player eventually have a full recovery)
  - ☐ g. \_\_\_\_\_ Has the player been released to play tennis including a date when player may resume playing.
4. ☐ The season that the player wants to register for is in the near future and not several months away.
5. ☐ All TennisLink information is included.

Approved By: