



ATTENDING PHYSICIAN'S STATEMENT

Patient Information

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? _____

Physician Information

Name of Practice:		
Physician's Name:		Specialty:
Address:		
City:	State:	Zip:
Phone:	Fax:	
Physician's Signature:		Date: