USTA NTRP MEDICAL APPEAL

ATTENDING PHYSICIAN / NURSE PRACTITIONER / PHYSICIAN ASSISTANT STATEMENT

Current Attending Physician Statement / Attending Nurse Practitioner Statement / Attending Physician Assistant Statement

Patient information			
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 a current Attending Physician Statement, Attending Nurse Practitioner Statement or Attending Physician Assistant Statement from you, the medical professional 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(s) of surgery:	
Describe other treatments received and/or receiving:			

Short Term Prognosis?		Long Term Prognosis?	
What **permanent** limitations does the patient currently have? (Please be specific about what the patient is unable to do)			
Do you expect the patient to have full recovery eventually?	Yes ☐ No ☐	Anticipated date of full recovery?	
Have you released the patient to play tennis?	Yes ☐ No ☐	If No, on what date may the patient resume playing tennis?	

Current Medical Professional Information		
Name of Practice:		
Medical Professional Name:	Specialty:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Medical Professional Signature:		Date: