

LOUISIANA DISTRICT - DISABLING INJURY/ILLNESS FORM PLAYER INFORMATION - PHYSICIANS REPORT

NAME: _____ USTA# _____ NTRP RATING: _____

ADDRESS: _____ AGE: _____ DOB: _____

CITY/ST/ZIP: _____ HOME # _____

I HAVE PLAYED TENNIS FOR _____ YEARS & PLAY TENNIS _____ PER WEEK. GENDER: M F

PLAYER'S SIGNATURE: _____

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN:

DATE OF INJURY/ILLNESS: _____

IS INJURY PERMANENT _____ OR TEMPORARY _____? DATES OF PHYSICAL THERAPY
OR SURGERY: _____

AFFECT ON MOBILITY: _____

WHAT IS THE PROGNOSIS FOR RECOVERY? _____

PHYSICIANS NAME: _____ SPECIALTY: _____

OFFICE # _____ PHYSICIAN'S SIGNATURE: _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE L.L.C.

MOST RECENT COMPUTER RATING TO THE HUNDREDTHS: _____

MOST RECENT WIN/LOSS RECORD: _____ ATTACHED? _____

LOCAL LEAGUE COORD. RECOMMENDATION _____ GRANT _____ DENY _____

MEDICAL RECOMMENDATION _____ GRANT _____ DENY _____

STATE LEAGUE COORDINATOR RECOMMENDATION _____ GRANT _____ DENY _____

FINAL RATING: _____