

2007 NTRP Medical Appeal Form

Only the player may appeal his/her computer-generated rating. To file a medical appeal, you must submit this form and all substantiating information to Phil Meador by email, fax or mail. Medical Appeals will be reviewed all year. **Players will be notified in writing** as to whether their MEDICAL appeal was granted or denied.

There are limited reasons for a medical appeal to be granted.

Medical Appeals must be a permanent, disabling injury or illness that has occurred since generating a current NTRP Rating and must be accompanied by the attending physician's evaluation of the injury and all other substantiating information including the prognosis for recovery with a timeline.

Physician's letterhead must be used for reporting illness, injury and debilitating conditions for a player.

It is the responsibility of the committee, not the physician, to determine the player's current NTRP skill level.

THE FOLLOWING PAGE MUST BE FILLED OUT IN ITS ENTIRETY. IF ANY PART OF THE APPEAL FORM IS INCOMPLETE, THE APPEAL CANNOT BE ACTED UPON AND WILL BE RETURNED TO YOU.

USTA #:	Exp:
Name:	
Address:	
City:	
Phone:	Gender: M F
Fax:	DOB:
Email:	Age:
Local League: Columbia Tennis League	

***Please note that while the following conditions are not usually granted an appeal, each player's appeal is reviewed and considered on an individual basis before the NTRP Appeal Committee makes a decision.**

Osteoarthritis, Bunions, Plantar Fascists, Lateral Epicondylitis (tennis elbow), sprains, back problems, rotator cuff problems, Achilles Tendon strain or tears, Diabetes, thyroid conditions, kidney conditions, gastrointestinal disorders, Degenerative disc disease, Degenerative conditions, Asthma, Arthritis, Chronic conditions, Any condition that is not permanent or long-term.

MEDICAL APPEAL:

_____ Supporting documentation on the Attending Physician's letterhead attached.

Return Appeal form to Phil Meador	
Email	pmeador@sc.rr.com
Fax	843-545-1366
Address	175 Francis Park Rd. Georgetown, SC 29440

<i>Enter NTRP level beside each Division in which you participated. Mark "n/a" if you did not play in that division</i>				
Adult	Senior	Mixed	Super Senior	NTRP Tournament
Request Rating Change to:		Rating Published		

Office Use Only:	
Date Received: _____	Rating in 100 th : _____
_____ Granted – may play _____ NTRP level	
_____ Denied – must Continue at _____ NTRP level	
Initial: _____	Date: _____

Signature	Date