

# USTA KENTUCKY Medical Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_

USTA Rating: \_\_\_\_\_ Number of years at rating: \_\_\_\_\_

Medical condition: \_\_\_\_\_  
\_\_\_\_\_

List of medications that you are taking related to this condition

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Have you had any surgery related to this condition?

1. Date of surgery \_\_\_\_\_

2. Type of surgical procedure \_\_\_\_\_

3. Time off of work or tennis after this procedure \_\_\_\_\_

What treatment have you had for this condition ?

1. Physical therapy \_\_\_\_\_

2. Cortisone injections \_\_\_\_\_

3. Other \_\_\_\_\_

Do you have any physical restrictions from your doctor related to this medical condition? Yes No

If Yes: Please list: \_\_\_\_\_

How many times per week are you currently playing? \_\_\_\_\_

Comments: \_\_\_\_\_