

## WHEELCHAIR TENNIS TOURNAMENT MEDICAL WITHDRAWAL

I, the undersigned Examining Physician, certify to Tennis Canada that I have personally conducted a physical examination of the below named tennis player and my full medical report thereof is as follows:

### PLAYER DATA

Family Name:

First Name:

Date of Birth:

Date and Time of Examination:

History of injury or illness:

### PHYSICAL FINDINGS:

Temperature:

Chest/Heart:

Pulse:

Neuro:

Blood Pressure:

ENT:

Other:

### LAB STUDIES, XRAY FINDINGS

Blood:

Urine:

Culture:

Xray findings:

Xray on file at:

### DIAGNOSIS:

### SUGGESTED INITIAL TREATMENT:

### Instructions for further examination or follow-up:

As a result of my examination it is my medical judgment that the above named player:  
is suffering from the injury or illness diagnosed above and as a result should not participate in competitive tennis from:

Date:

to Date:

In the event that Tennis Canada requires the above named player to be examined by a named physician, I agree to consult with such physician with respect to my examination and diagnosis

**Signature of Physician:**

**Printed Name:**

Specialty:

Address:

Phone:

Fax:

**I understand and acknowledge the above diagnosis and the suggested treatment.**

Signature of Patient: