

TO BE COMPLETED BY NAGVA MEMBER

Full Name	NAGVA Number
<p>Description</p> <p>Description of Medical Condition</p>	
<p>The information below is being disclosed, freely and voluntarily, to formally request a re-rate due to current medical injury or condition pursuant to NAGVA Rules & Regulations 2.04. I am submitting this information to the Director of Eligibility, the NAGVA Board of Directors and their selected representatives. I understand that NAGVA will make every effort to keep such information confidential.</p> <p>Member Signature Date</p>	

TO BE COMPLETED BY ATTENDING PHYSICIAN

<p>NAGVA uses player ratings in order to place individuals with similar abilities in the same division and promote fair competition and enhance player safety. Your patient is claiming that an acute or chronic medical condition has resulted in a permanent or long-term change in their physical abilities that prevents them from competing at their current rating. The information, detailed below, is meant to document and corroborate their medical condition.</p> <p>NOTE: NAGVA policy prohibits physicians who are also members of NAGVA from completing this form.</p>
<p>Diagnosis</p> <p>Diagnosis (Please include ICD-10 codes)</p>
<p>Symptoms</p>

Treatment			
Date of First Visit:		Date of most recent visit:	
Treatment Completed			
Treatment Planned			
Level of Functional Impairment			
Describe the patients physical limitations			
Prognosis			
Since onset of symptoms, the patient's condition has: () <i>Improved</i> () <i>Not Changed</i> () <i>Worsened</i>			
How long is this impairment expected to last? When will the patient be able to return to the same level of physical activity?			
Physician Information (must be completed by an MD, DO, NP, PA or DPT)			
Name of physician completing this form		NPI:	Phone Number:
Specialty			
Address		City	State Zip Code
Acknowledgement			
I hereby certify that the information noted above is complete and accurate. I am not a member of NAGVA.			
Physician Signature		Date	

Completed form should be submitted to the NAGVA Director of Eligibility at eligibility@nagva.org