Date: [Date]

To: [School Name / Sports Organization Name]
Attn: [Athletic Director / Coach / Nurse]

RE: Sports Cardiology Clearance
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]

To Whom It May Concern,

[Patient Name] has undergone a cardiovascular evaluation in my office on [Date of Evaluation] for the purpose of participating in competitive sports.

The evaluation included:

- Review of medical history and family history
- Physical examination
- [List tests performed, e.g., Electrocardiogram (ECG), Echocardiogram, Stress Test]

Based on the results of this evaluation, it is my professional opinion that the patient is:

[ ] Cleared for full participation in all sports without restriction.

[ ] Cleared for participation with the following restrictions: [List Restrictions]

[ ] Not cleared for competitive sports participation at this time.

This clearance is valid for [Time Period, e.g., one year] from the date of this letter, provided no new symptoms (such as chest pain, fainting, or palpitations) occur during exertion.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Board Certification]
[Clinic/Hospital Name]
[Phone Number]