Date: [Date]

To: [Coach Name / School Name / Organization Name]

Subject: Medical Clearance for Return to Play

Athlete Name: [Athlete Full Name]
Date of Birth: [DOB]

To Whom It May Concern,

I have medically evaluated the above-named athlete following their injury/illness on [Date of Injury/Illness].

Based on today's evaluation, the athlete is cleared to return to physical activity as follows:

Status: (Check one)
[ ] Full clearance for all sports and activities without restriction.
[ ] Limited clearance with the following restrictions: [List Restrictions].
[ ] Graduated return-to-play protocol (see attached details).

Effective Date: [Start Date]

If you have any questions regarding this clearance, please contact my office.

Sincerely,

[Physician Signature]

Physician Name: [Print Name]
Medical License #: [License Number]
Clinic Name: [Clinic/Hospital Name]
Phone Number: [Phone Number]