Date: [Date]

To: [Coach Name/Organization Name]
From: [Athletic Trainer Name], ATC
Subject: Medical Status Update - [Athlete Name]

Dear [Recipient Name],

This letter is to provide an official update regarding the medical and participation status of [Athlete Name] following an evaluation on [Date of Evaluation] for a [Type of Injury, e.g., Grade 1 Ankle Sprain].

Current Status:

- [ ] **Full Clearance:** The athlete is cleared for full, unrestricted participation in practices and games.
- [ ] **Limited Participation:** The athlete may participate with the following restrictions: [List restrictions, e.g., no contact, 50% volume].
- [ ] **No Participation:** The athlete is currently not cleared for any physical activity.

Treatment and Rehabilitation Plan:
The athlete is currently undergoing [Treatment details, e.g., daily therapeutic exercise and icing]. They are scheduled for a follow-up evaluation on [Date].

Expected Return to Play:
Estimated return to full activity is [Expected Date or Timeframe], pending successful completion of the return-to-play protocol.

If you have any questions regarding these recommendations, please contact me directly.

Sincerely,

[Signature]
[Athletic Trainer Name], ATC
[Phone Number]
[Email Address]