**Date:** [Insert Date]

**To:** [Insert Team Name/Organization/League]
**Attention:** [Insert Coach or Medical Coordinator Name]

**RE: Medical Clearance for [Athlete's Full Name]**
**Date of Birth:** [Insert DOB]
**Sport:** [Insert Sport]

To Whom It May Concern,

I have performed a comprehensive medical evaluation and physical examination of [Athlete's Name] on [Date of Exam]. This evaluation included a review of the athlete's medical history, cardiovascular screening, and orthopedic assessment.

Based on my findings, I certify that [Athlete's Name] is:

**[ ] Cleared for full, unrestricted participation in professional sports, including training, competition, and travel.**

**[ ] Cleared for participation with the following restrictions:** [Insert Restrictions/Conditions].

**[ ] Not cleared for participation at this time.**

This clearance is valid until [Insert Expiration Date] unless a significant injury or illness occurs in the interim. I have discussed any necessary injury prevention strategies and maintenance programs with the athlete.

Please feel free to contact my office at [Insert Phone Number] if you require further information or clarification.

Sincerely,

[Signature]

[Physician's Name, MD/DO]
[Board Certification/Specialty]
[Medical License Number]
[Clinic/Hospital Name]
[Address]