Date: [Date]

To: [Competition Name/Organizing Committee]
Event Location: [City, State/Country]
Event Elevation: [Elevation, e.g., 8,000 ft]

Subject: Medical Clearance for High Altitude Athletic Competition

To whom it may concern,

This letter is to certify that I have medically examined **[Athlete's Full Name]**, date of birth **[DOB]**, and found them to be in good physical health.

Based on my clinical evaluation and a review of their medical history, the athlete is cleared to participate in the upcoming athletic competition held at high altitude. I have screened for potential contraindications including, but not limited to, cardiovascular disease, pulmonary conditions, and previous severe high-altitude illness.

The athlete has been advised on the risks associated with high altitude, the importance of proper acclimatization, and the signs of Acute Mountain Sickness (AMS).

Physician Recommendations/Restrictions:
[Insert "None" or specific notes here]

Sincerely,

Physician Signature: _____
Physician Name: [Name and Title]
Medical License Number: [License #]
Clinic/Hospital Name: [Facility Name]
Contact Phone: [Phone Number]