Date: [Insert Date]

To: [Insert School/Organization Name]

Attn: [Insert Department, e.g., Athletic Department]

RE: Pre-Participation Physical Examination Clearance

Patient Name: [Insert Student/Athlete Full Name]
Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I have performed a pre-participation physical examination on the above-named individual on [Insert Date of Exam]. Based on the results of this evaluation, my clinical findings are as follows:

Status (Check one):

[ ] **Cleared:** The individual is cleared for full participation in all sports and physical activities without restriction.

[ ] **Cleared with Recommendations:** The individual is cleared for participation with the following restrictions or requirements: [Insert Restrictions].

[ ] **Not Cleared:** The individual is not cleared for participation at this time due to: [Insert Reason].

This clearance is valid until [Insert Expiration Date] unless a significant injury or illness occurs in the interim.

Sincerely,

Provider Signature: _____

Provider Name: [Insert Provider Name and Title]
Clinic/Facility Name: [Insert Clinic Name]
Phone Number: [Insert Phone Number]