Date: [Insert Date]

To: [Athletic Department/Organization Name]
From: [Physician Name and Credentials]
Subject: Medical Clearance for Full Competition Athletics

Patient Name: [Student-Athlete Name]
Date of Birth: [DOB]
Sport(s): [List Sports]

To Whom It May Concern,

I have performed a comprehensive physical examination on the above-named student-athlete on [Date of Exam]. Based on the clinical evaluation and a review of the patient's medical history, I find them to be in good physical health and free of any limiting injuries or conditions.

I hereby certify that [Student-Athlete Name] is **medically cleared** for participation in full competitive athletics, including all practices, strength training, and intercollegiate/interscholastic competitions, without any restrictions.

Special Notes/Precautions:
[Insert "None" or any specific allergies/medications, e.g., "Uses inhaler as needed for exercise-induced asthma"]

This clearance is valid for the [Insert Year] athletic season unless a significant injury or illness occurs, at which point a re-evaluation will be required.

Sincerely,

[Signature of Physician]
[Printed Name of Physician]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]