Date: [Date]

To: Sports Medicine Department / Athletic Department
Institution: [Name of Receiving University/College]

Subject: Medical Clearance for Transfer Student-Athlete

Athlete Name: [Student Full Name]
Date of Birth: [DOB]
Sport: [Sport Name]
Previous Institution: [Name of Former School]

To Whom It May Concern,

I have reviewed the medical history and conducted a comprehensive physical examination for the above-named student-athlete. Based on my evaluation and the review of previous medical records provided from their former institution, I certify the following:

1. The athlete is currently in good physical health and is free of any limiting injuries or illnesses.
2. All orthopedic and medical clearances regarding previous injuries have been addressed and resolved.
3. The athlete is medically cleared for full participation in intercollegiate athletics, including strength training, practice, and competition, without restrictions.

Special Notes/Comments:
[Insert any specific notes regarding allergies, chronic conditions, or "None"]

Please find the attached physical examination forms and immunization records for your files.

Sincerely,

Physician Signature: _____
Physician Name (Printed): [Name and Title/Credentials]
Medical License Number: [License #]
Clinic/Office Name: [Clinic Name]
Phone Number: [Phone Number]