[Date]

To: [NCAA Institution Name] Compliance Office
Re: Medical Clearance for Student-Athlete participation

Student-Athlete Name: [Full Name]
Date of Birth: [Date of Birth]
Sport: [Sport Name]

To Whom It May Concern,

I hereby certify that I have performed a comprehensive Pre-Participation Physical Evaluation (PPE) on the above-named student-athlete on [Date of Exam].

Based on the medical history provided and the physical examination conducted, I find this individual:

[ ] **CLEARED** for full participation in intercollegiate athletics without restriction.
[ ] **CLEARED WITH RESTRICTION:** [Detail restrictions here]
[ ] **NOT CLEARED** for participation at this time.

Furthermore, I confirm that this evaluation included a screening for Sickle Cell Trait as required by NCAA regulations, or that the athlete has provided documented results of a prior test.

The student-athlete has been informed of any findings and is medically fit to engage in the rigors of competitive collegiate sports.

Sincerely,

[Signature of Physician]
[Printed Name of Physician, MD/DO/NP/PA]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]