Date: [Date of Examination]

Patient Name: [Patient First and Last Name]
Date of Birth: [MM/DD/YYYY]
School/Organization: [Name of School or Sport Club]

To Whom It May Concern,

I have performed a pre-participation physical evaluation on the above-named patient on this date. Based on the examination and the medical history provided, my clinical findings are as follows:

Clearance Status (Check One):

[ ] **Cleared** for full participation in all sports without restriction.
[ ] **Cleared** for participation with the following restrictions/recommendations:
_____
[ ] **Not Cleared** pending further evaluation for: _____

This clearance is valid for one calendar year from the date of examination unless a significant injury or illness occurs, in which case the athlete should be re-evaluated.

Provider Name: [Name of Medical Provider]
Clinic Name: [Walk-In Clinic Name]
Phone Number: [Clinic Phone Number]
Address: [Clinic Address]

Provider Signature: _____