Date: [Date]

To: [Coach Name/School Name/Organization Name]

Subject: Medical Clearance for Non-Contact Sports Practice

Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]

To Whom It May Concern,

I have medically evaluated the above-named patient on [Date of Examination]. Based on this evaluation, the patient is cleared to resume participation in **non-contact sports practice and activities only**, effective [Start Date].

This clearance is subject to the following conditions:

- The patient may participate in individual drills, conditioning, and skill-based training.
- The patient must avoid any physical contact with other participants (e.g., no tackling, checking, or collisions).
- [Insert any additional restrictions or instructions here].

This status will remain in effect until [End Date/Follow-up Appointment Date], at which time the patient will be re-evaluated for full-contact participation.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic/Hospital Name]
[License Number]