Date: [Insert Date]

To: [Name of Healthcare Provider / School Administrator / Employer]
From: [Patient Name / Parent or Guardian Name]
Re: Symptom-Free Clearance Update

Dear [Name of Contact Person],

This letter is to provide an update regarding [Patient Name]'s recovery following the concussion sustained on [Date of Injury].

I am pleased to report that [Patient Name] has been completely symptom-free for the past [Number] days. They are no longer experiencing headaches, dizziness, sensitivity to light or noise, or cognitive fatigue during normal daily activities.

Based on this progress, [Patient Name] has successfully completed the following:

- Full return to normal daily cognitive activities without symptoms.
- Full return to academic/workload requirements without accommodations.
- Completion of the graduated physical exertion protocol without recurrence of symptoms.

We are requesting formal documentation or a follow-up evaluation to officially clear [Patient Name] for [Full Return to Sports / Unrestricted Physical Education / Full Work Duties] effective [Date].

Please let us know if any further examinations or signatures are required to finalize this clearance.

Sincerely,

[Your Signature]
[Your Printed Name]
[Phone Number]