Date: [Date]

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

Re: Sports Clearance for [Athlete's Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Concussion]

To Whom It May Concern,

[Athlete's Name] has been evaluated at [Clinic Name] following a concussion. As of [Current Date], the athlete is asymptomatic at rest and has successfully completed a supervised Graduated Return-to-Play (RTP) protocol without the recurrence of symptoms.

Clearance Status:

The above-named athlete is hereby **medically cleared** for full participation in [Sport Name], including full-contact practices and competitive games, effective [Clearance Date].

Provider Recommendations:

- The athlete should continue to monitor for any returning symptoms (headache, dizziness, vision changes, etc.).
- If symptoms return during or after physical activity, the athlete must stop immediately and be re-evaluated by a healthcare professional.
- [Additional Notes/Restrictions if any]

Should you have any questions regarding this clearance, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name, Credentials]
[Clinic Name]
[License/NPI Number]