Date: [Date]

To: [Name of School/Organization]
Attention: [Athletic Director/Coach Name]

Subject: Full Contact Sports Participation Clearance

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

To Whom It May Concern,

I have completed a physical examination and medical evaluation of the above-named athlete on [Date of Exam]. Based on the clinical findings and the patient's medical history, I hereby certify that this individual is physically fit to participate in competitive, full-contact sports.

This clearance includes, but is not limited to, the following activities:

- Full-contact practice and drills
- Competitive games and tournaments
- High-intensity strength and conditioning programs

Restrictions: [None / Or list specific restrictions here]

This clearance is valid until [Expiration Date] unless a new injury or medical condition occurs. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]
[Physician Printed Name, MD/DO/NP]
[Medical License Number]
[Clinic/Facility Name]
[Phone Number]
[Email Address]