Date: [Date]

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

Re: [Student-Athlete Full Name]
Date of Birth: [DOB]

To whom it may concern,

The student-athlete named above was evaluated on [Date of Evaluation] for a concussion sustained on [Date of Injury].

I am pleased to report that the patient is currently asymptomatic at rest and has successfully completed the mandated Graduated Return to Play (RTP) protocol without the recurrence of symptoms. They have also returned to a full academic workload without the need for classroom accommodations.

Clearance Status:

The patient is **CLEARED FOR FULL PARTICIPATION** in competitive sports and physical education classes, including contact and collision activities, effective [Clearance Date].

If the student-athlete experiences any return of concussion symptoms (such as headache, dizziness, or confusion) during physical activity, they must stop immediately and be re-evaluated by a healthcare professional.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]
[Clinic/Hospital Name]
[Phone Number]
[Medical License Number]