Date: [Insert Date]

Patient Name: [Insert Patient Full Name]
Date of Birth: [Insert Date of Birth]
Date of Evaluation: [Insert Date of Last Exam]

To Whom It May Concern,

I have completed a comprehensive medical evaluation and physical examination of the patient listed above to determine their readiness to return to athletic activities following [Insert Injury/Condition].

Based on my clinical findings, the patient has met all necessary recovery milestones, including full range of motion, strength parity, and successful completion of functional testing.

Clearance Status:

The patient is hereby **cleared for full participation** in [Insert Sport/Activity Name] without any restrictions, effective [Insert Start Date].

Recommendations:

- [Insert specific instructions or "None"]

Please contact my office if you require any further documentation or information regarding this clearance.

Sincerely,

[Physician Signature]
Physician Name: [Insert Name and Credentials]
Clinic Name: [Insert Clinic/Hospital Name]
Phone Number: [Insert Phone Number]