Date: [Date]

To: [League Name / League Officials]

Subject: Medical Clearance for Return to Play

Athlete Name: [Player Name]
Date of Birth: [Date of Birth]
Date of Injury: [Date of Injury]

To whom it may concern,

The athlete named above has been evaluated for a concussion. Following a clinical evaluation and a review of their recovery progress, I confirm that the athlete is currently asymptomatic at rest and with physical exertion.

The athlete has successfully completed a supervised Graduated Return-to-Play (RTP) protocol and has remained symptom-free throughout all stages.

In my professional medical opinion, [Player Name] is now medically cleared to return to full participation in [League Sport], including full-contact practices and competitive games, effective [Clearance Date].

If the athlete experiences a recurrence of symptoms (such as headache, dizziness, or confusion) during or after participation, they are instructed to stop immediately and seek further medical follow-up.

Sincerely,

[Physician Signature]

Provider Name: [Name and Title]
Medical License Number: [License #]
Clinic/Facility Name: [Clinic Name]
Phone Number: [Phone Number]