

AMATEUR BOXING MEDICAL CLEARANCE LETTER

Date: [Insert Date]

To: [Insert Boxing Commission/Organization Name]

Athlete Information:

Name: [Insert Athlete Full Name]

Date of Birth: [Insert Date of Birth]

Address: [Insert Athlete Address]

To whom it may concern,

I have performed a physical examination on the above-named athlete on [Insert Date of Exam]. During this examination, I reviewed the athlete's medical history and conducted a clinical assessment of their cardiovascular, neurological, and musculoskeletal systems.

Based on my findings, I certify that:

- The athlete has no pre-existing medical conditions that would preclude participation in contact sports.
- There is no evidence of recent concussion or traumatic brain injury.
- The athlete's vision and neurological functions are within normal limits.
- The athlete is physically fit to compete in amateur boxing matches.

Physician's Conclusion:

[] The athlete is **CLEARED** for full participation in amateur boxing competition without restrictions.

[] The athlete is **NOT CLEARED** for participation at this time.

Physician's Information:

Name: [Insert Physician Name]

Medical License Number: [Insert License #]

Clinic/Hospital: [Insert Facility Name]

Phone Number: [Insert Phone Number]

Signature: _____

(Official Medical Stamp Below)