

Date: [Insert Date]

To: [Insert Organization/Company Name]

Subject: Medical Clearance for Extreme Sports Participation

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I have performed a physical examination of the patient named above on [Insert Date of Exam]. Based on this evaluation and the medical history provided, I find the patient to be in good physical health and free of any known pre-existing conditions that would prohibit participation in high-impact or extreme sports activities.

The patient is cleared to participate in the following activities: [Insert Specific Activities, e.g., Skydiving, Bungee Jumping, Rock Climbing].

Clinical Findings:

- Cardiovascular status is within normal limits.
- Respiratory function is adequate for strenuous exertion.
- Musculoskeletal system shows no significant limitations.

Limitations or Restrictions:

[Insert "None" or specify any necessary restrictions]

This clearance is valid until [Insert Expiration Date]. If the patient sustains an injury or develops a new medical condition before this date, this clearance is automatically revoked pending a new evaluation.

Sincerely,

[Doctor's Signature]

Dr. [Insert Doctor's Last Name]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Phone Number]