Date: [Date]

To the Organizing Committee of [Name of Equestrian Event/Competition],

RE: MEDICAL CLEARANCE FOR EQUESTRIAN COMPETITION

Patient Name: [Patient Name]
Date of Birth: [Patient Date of Birth]

I have performed a physical examination on the above-named patient on [Date of Exam]. Based on this evaluation and their medical history, I find them to be in good health and physically capable of participating in equestrian activities and competitions.

The patient has no known medical conditions, physical limitations, or allergies that would preclude them from safely riding or competing in horse shows, with the following exceptions or recommendations (if any):

[List restrictions or "None"]

This clearance is valid until [Expiration Date, typically 1 year from exam].

Should you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Clinic/Practice Name]
[License Number]