OFFICIAL MEDICAL CLEARANCE FOR SHOW JUMPING

Date: [Date]

To: Event Organizing Committee / Governing Body

Patient Name: [Rider Full Name]
Date of Birth: [DOB]
License/Member Number: [Number]

To whom it may concern,

I am a licensed medical professional and have personally examined the individual named above on [Date of Examination].

Based on my clinical assessment and a review of the patient's medical history, I certify that they are physically and mentally fit to participate in competitive show jumping events. I find no contraindications that would prevent the patient from performing the strenuous physical activities required for equestrian sport, including jumping obstacles at height.

Specific Observations/Limitations (if any):
[Insert "None" or describe specific requirements]

This clearance is valid until [Expiration Date].

Sincerely,

Signature: _____

Printed Name: [Doctor's Name]
Medical License Number: [License #]
Facility Name: [Clinic/Hospital Name]
Contact Phone: [Phone Number]
Official Stamp: