Date: [Insert Date]

Patient Name: [Insert Athlete Name]
Date of Birth: [Insert Date of Birth]
Date of Evaluation: [Insert Evaluation Date]

To Whom It May Concern,

I have performed a comprehensive cardiac evaluation on the above-named athlete to determine their fitness for participation in equestrian sports. This evaluation included a review of medical history, a physical examination, and [Insert specific tests, e.g., ECG, Echocardiogram, or Stress Test].

Based on the clinical findings, I certify that [Athlete Name] has no current cardiovascular contraindications to participate in competitive equestrian activities. This clearance includes high-intensity training and competition.

Clearance Status:

[ ] Cleared for full participation without restriction.
[ ] Cleared with the following restrictions: [Insert Restrictions]
[ ] Not cleared for participation.

Should the athlete experience symptoms such as chest pain, palpitations, unexplained shortness of breath, or fainting, they are advised to cease activity immediately and seek medical re-evaluation.

Sincerely,

[Physician Signature]
Physician Name: [Insert Name]
Title/Specialty: [e.g., Board Certified Cardiologist]
Medical License Number: [Insert License #]
Clinic Name: [Insert Clinic Name]
Phone Number: [Insert Phone Number]