[Physician's Name/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To: [Governing Body/Event Organizing Committee Name]

RE: Medical Exemption and Participation Clearance

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

To Whom It May Concern,

I am writing to formally provide medical clearance for [Rider Name] to participate in Cross-Country equestrian activities and competitions. I have evaluated the patient and am familiar with the physical demands and inherent risks associated with high-intensity equestrian eventing.

Exemption Details:
Due to [mention medical condition or specific need, e.g., chronic back condition, specific medication, or prosthetic use], the patient requires the following exemption(s) regarding standard equipment or procedure:
[List specific exemption, e.g., Use of modified stirrups / Specific medical armband requirement / Exemption from certain physical fitness tests].

Clinical Assessment:
Despite the aforementioned condition, it is my professional opinion that [Rider Name] is physically and mentally fit to control a horse safely at speed and over solid obstacles. The condition for which the exemption is granted does not pose an increased risk of sudden incapacity or danger to other competitors, officials, or the horse.

Duration:
This medical clearance and exemption request is valid until [Expiration Date or "End of Current Season"].

Please feel free to contact my office if further verification or documentation is required regarding this exemption.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]
[State of Licensure]