

**Date:** [Insert Date]

**To:** Tournament Organizers and Officials

**Subject:** Medical Clearance for Martial Arts Competition

**Athlete Name:** [Insert Full Name]

**Date of Birth:** [Insert Date of Birth]

**Style/Discipline:** [Insert Style, e.g., Karate, MMA, BJJ]

To whom it may concern,

I have performed a physical examination on the athlete named above on [Insert Examination Date]. Based on this examination and their reported medical history, I find the athlete to be in good physical health and free from any injuries or contagious diseases that would preclude them from participating in a martial arts competition.

The athlete is cleared for full participation in competitive contact sports, including striking and/or grappling, without restrictions.

**Physician Remarks (if any):**

[Insert Remarks or write "None"]

**Physician Information:**

Name: [Insert Physician Name]

Medical License Number: [Insert License #]

Clinic/Hospital Name: [Insert Clinic Name]

Phone Number: [Insert Phone Number]

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Physician Signature

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Clinic Stamp/Seal