

Date: [Insert Date]

To: Tournament Director / Competition Committee

Event Name: [Insert Event Name]

RE: Medical Clearance for Martial Arts Competition

Patient Name: [Insert Child's Full Name]

Date of Birth: [Insert Date of Birth]

To whom it may concern,

I have medically evaluated the above-named patient on [Insert Date of Exam]. Based on the physical examination and medical history provided, I find the patient to be in good health and physically capable of participating in the upcoming martial arts competition.

The patient has no known medical conditions, physical limitations, or recent injuries that would restrict their participation in full-contact or semi-contact sparring and athletic activities associated with [Insert Discipline, e.g., Karate, Taekwondo, Jiu-Jitsu].

Specific Restrictions: [Insert "None" or describe specific limitations]

If you require further information, please contact my office at the number listed below.

Sincerely,

[Physician Signature]

Physician Name: [Insert Print Name]

Medical License #: [Insert License Number]

Clinic Name: [Insert Clinic/Practice Name]

Phone Number: [Insert Phone Number]